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Version: Version of Record

Link(s) to article on publisher's website:

<http://dx.doi.org/doi:10.21954/ou.ro.0000f01a>

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Master of Research (MRes) Dissertation

A discursive investigation of leading in organisational conversations

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The Open University Business School
Master of Research Programme
January 2014

Date of Submission: 10 September 2013
Date of Award: 4 March 2014.

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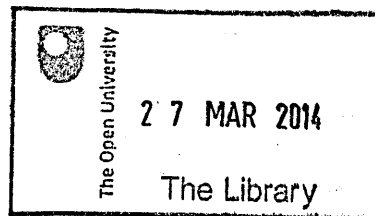
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Abstract

This exploratory study aimed first to investigate interactions in conversations to see how moments of leadership might arise. This responded to a call to conduct empirical research in an underexplored area of leadership in relational processes where the process rather than the person is the focus of study. It adopted a methodology of organisational discourse analysis, using conversation analysis as a method which has been rarely used to study relational processes to date. A secondary aim was to explore methodologies and methods that might be used in the PhD phase to study relational leadership where this is founded in processes. The study addressed the question: how do interactions in conversation create moments where one person leads, or not, others.

Preliminary results from a study of secondary video data suggest leadership in relational processes, specifically relational dialogue, can be observed in interactions but may be fleeting and incomplete. An additional investigation looked at leadership in three outcomes of direction, alignment and commitment and found these arose in conversations but not necessarily simultaneously. These findings contribute to our understanding of how leadership arises in relational processes by exploring these processes in naturally occurring conversations.

Theoretically this study complements the existing literature with a social constructionist perspective and using a method little used to study leadership in relation. The method and methodology adopted encompassed reflexivity and the role of judgement in how data is handled and interpreted. The trustworthiness, methodological issues, limitations and implications for future research are also discussed.



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Chapter 1: Aims and objectives

This research explores how leadership arises in organisations within interactions where there is dialogue, and how this creates moments where one person leads, and then another.

In reviewing the leadership literatures, it became apparent there is a growing interest in relational and distributed leadership. Some of the literature on relational leadership considers how leadership is constructed in a process of relational dialogue (Cunliffe and Eriksen, 2011; Hosking, 2011) through the process rather than through people. The review also showed that little empirical work has been undertaken into this process of construction in relational leadership, recognised by a call for more empirical work to be undertaken into the relational interactions in leadership (Crevani, Lindgren and Packendorff, 2007) and the suggestion that organisational discourse analysis (ODA) might be employed to research these interactions (Fairhurst and Uhl-Bien, 2012).

Leadership has been questioned following public concern over the conduct of certain leaders during the recent economic crisis. A consultancy report (Booz, 2009) commented on how the financial crisis had discredited leadership in financial institutions prompting widespread thought on different models of leadership to replace them. In a similar vein, Vince Cable, as Shadow Chancellor, called the payment of bonuses to Royal Bank of Scotland senior managers whilst providing for 20,000 redundancies as 'unbelievably crass and irresponsible behaviour by people who have learned absolutely nothing' (Cable, 2009). This research picks up on these concerns over leadership, believing it is a good time to look afresh at leadership, considering ideas of leadership where it emerges in interaction and not focusing on who the leader is.

The project was a pilot study which used readily-available data from video-recorded conversations originally filmed for a BBC television programme '*Can Gerry Robinson Fix the NHS?*' and available to The Open University (OU) to use for research purposes. Video-recording is a data source commonly used in Conversation Analysis (CA) an analytical method that studies sequences in conversation closely (Wooffitt, 2001). CA was used in the pilot project to trial it for a later PhD project recognising its established use as a method suitable for analysing language in interactions

and as a method that employs recorded materials for analysis. CA was supplemented by an exploration of continuous narratives, and data interpretation using the lens of relational dialogue and leadership outcomes. Some researchers, for instance Samra-Fredericks (2004), have adopted CA with other approaches in their research. The research was undertaken mindful of the secondary nature of the data and whether this had any impact on its usefulness in exploring how leadership might arise in relation.

The aims of this exploratory research were two-fold. First it was to look at conversational interactions and how these create moments where one person leads or another. Second, it was to explore methodologies and methods that might be used at the PhD programme phase, specifically CA and other discourse analytic methods. This study addressed the question: how do interactions in conversation create moments where one person leads, and then another.

The objective was to answer the research question using a qualitative approach and adopting a discourse analytic methodology with CA as a method to analyse conversations. An abductive approach was taken initially, viewing conversations for interesting moments that might suggest relational dialogue and transcribing these. The transcripts were read and reread to allow speech features in conversation to emerge which appeared related to relational dialogue and were treated as possible indicators of how leadership happened in conversation. Small excerpts of conversation with these features were then analysed closely using CA as a method which focuses on conversation in the moment-to-moment (Hindmarsh and Llewellyn, 2010) and believes participants in their actions reveal their understanding of what is going on in their conversation (Llewellyn and Hindmarsh, 2010).

The excerpts were then interpreted for leadership moments using a lens of relational dialogue and also leadership outcomes revealed in direction, alignment and commitment (Drath, McCauley, Palus, Van Velsor, O'Connor, and McGuire, 2008). The researcher took a reflexive stance during the research considering her viewpoint in the analysis and interpretation of data.

The findings and lessons learnt from the pilot research process will inform the PhD phase and feed into improving the research design.

This dissertation aims to contribute to the literature on relational leadership in particular leadership in relational dialogue where this is understudied, and from a social constructionist perspective.

Chapter 2: Literature review

This chapter draws on empirical and theoretical literatures in order to develop the theoretical concepts that underlie the research. A brief outline of the leadership field is sketched and used to propose four broad definitions of leadership which are reviewed. The first of these is the leader as a person. The second is leadership in a position and its evolution into relations between groups and networks, where leadership is distributed in the organisation. A third definition used by some researchers looks at the process of leadership in relation but focuses on the detailed relation and not the individual. Within this some approaches look at the process of leadership drawing on ideas of relational construction and relational dialogue. Finally an approach that sees leadership defined as outcome is also discussed. Approaches to leadership that use relational dialogue, and outcome in leadership are adopted as a framework for accessing data, its analysis and interpretation in later chapters. Finally the chapter responds to a call for more empirical work into leadership in relation where this studies the detailed interaction and not the individual.

Leadership – definitions

A number of scholars on leadership have commented on a lack of agreement on the definition of leadership (for instance Hernandez, Eberly, Avolio and Johnson, 2011; Glynn and Raffaelli, 2010; Barker, 1997). Hernandez et al (2011) believe this may have led to diverse theories on leadership and resulted in a lack of consistency or coordination across research with researchers doing independent work in their own areas. Glynn and Raffaelli (2010) agree that leadership research is a low paradigm field with diverse theories and methods and low consensus among scholars across

the field, but point out there are benefits too when specialism leads to a depth of knowledge, though possibly at the expense of the broader picture.

This diversity in leadership theories suggests it may be more useful to consider leadership research as a field, defining leadership according to where it is located within that field. Grint (2010) offers four definitions of leadership: in a person, as a position, as a result and as a process. Each defines leadership in a different way; whether leaders are recognised by their position in the organisation, or their personal character, what they achieve (outcome) or how they achieve it (process). Starting from Grint's (2010) four-fold definition, the chapter will discuss the main current approaches and theories researchers are taking toward leadership research.

This project undertook a meta-study of eight four-star journals where leadership was written about from 2009 to 2013 (Appendix A), revealing that the five most popular leadership approaches were transformational, trait, authentic, charismatic and ethical, accounting for nearly 60% of the articles in these journals. Hernandez et al (2011) also reviewed leadership literature up to 2009 and found over 20 current theories being researched including transformational, charismatic, authentic, trait and ethical. These popular approaches relate leadership to the person of the leader primarily their characteristics or the behaviours they adopt.

Leadership in a person

Burns (1978) originally observed transformational behaviour in politicians, contrasting this with transactional behaviour which is a form of exchange of services for reward. Bass (1985) extended transformational behaviour to leaders in organisations observing a transformational leader inspires followers to act for the greater good through a combination of charisma, personal relationships and intellectual stimulation. However, criticisms have been made over the ambiguous nature of transformational behaviours (Yukl, 1999); a lack of clear conceptual definitions of transformational leadership (van Knippenberg and Sitkin, 2013) and that it fails to account for the context surrounding leadership (Yukl, 1999).

Concern over transformational leadership being possibly manipulative of behaviours and thereby lacking an ethical stance led to the emergence of authentic leadership (Caza and Jackson, 2011). Gardner, Cogliser, Davis and Dickens (2011) remark that authentic leaders must lead but in a way that is true to themselves, their core values, beliefs and strengths and weaknesses. Nonetheless, the definition of authenticity may be problematic because what is authentic is nearly always based on observers' attributions and not the leader themselves (Caza and Jackson, 2011). So there may be a mismatch between authenticity perceived by others and what the leader believes to be their authentic behaviour.

House (1976) posited a model of charismatic leadership adopting social psychology and the sociological approach of Weber (1947) who wrote on charisma as 'endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities' (p358). House, Spangler and Woycke (1991) remark on the transformative powers of charismatic leaders in changing followers' values and motivating them to make personal sacrifices, but distinguish those leaders who are charismatic by their inspiration rather than personal relationships with followers. Criticisms of charismatic leadership made by Yukl (1999) include a perceived lack of agreement over what are considered core charismatic behaviours and disagreement over a definition of charismatic leadership which ranges from the leader, to followers and situation or how the leader influences followers.

Other leadership researchers study traits in leaders and more recently (O'Reilly, Doerr, Caldwell and Chatman, 2013; Colbert, Judge, Choi and Wang, 2012; Hochwarter and Thompson, 2012) look at five main traits, extraversion, conscientiousness, openness to experience, agreeableness and neuroticism, and four 'dark traits', narcissism, hubris, dominance and Machiavellianism (Judge, Piccolo and Kosalka, 2009). Antonakis (2011) claims that all five main traits are positively correlated with leader effectiveness and emergence except neuroticism. However, Murphy (2005) argues there are weaknesses in employing personality inventories, which are commonly used to record traits in whether people provide useful and accurate self-descriptions. He also observed these tests have a poor correlation with job performance.

Ciulla (2005) offers a definition of an ethical leader as someone who does the right thing, the right way and for the right reasons. Brown, Treviño, and Harrison (2005) see ethical leadership as a form of social learning whereby employees learn expected ethical behaviours from a leader who models a role, perceived as legitimate and credible in that role and being perceived as altruistic. However, Eisenbeiss (2012) criticises many studies into ethical leadership for a bias toward Western-perspectives and a conceptual vagueness in defining ethical leadership.

Leadership in a position and in relation within groups/networks

Weber (1947), writing on bureaucracy, described the leader in authority as someone who occupied an 'office' (p330) which involved official functions and authority to carry these out.

However, researchers have been studying the effect of social relations and networks on leadership position since the 1940's, as in Jennings (1947). Uhl-Bien (2006) describes leadership dispersed within the organisation, and shared in networks, and groups as relational leadership.

Within the concept of relational leadership, leadership is recognised wherever it occurs (Hunt and Dodge, 2000), and may be in plurality where multiple leaders combine to exert influence (Denis, Langley and Sergi, 2012).

Relational leadership approaches may be theoretical and empirical. They include Leader-member exchange (LMX) which uses statistical techniques and measures of individual perceptions to research associations between the quality of leader/follower relationships and group harmony (Hooper and Martin, 2008). Lunenberg (2010) cites a drawback of LMX whereby those outside the in-group can become disaffected by their perceived lower status, and recommends leaders strive to build high-quality relations with all their followers. Other relational studies focus on what leaders and followers do together outside traditional leader-follower dyads. Rost (1995) in a theory paper regards leadership as a temporary role recognised and shared by collaborators. One difficulty with relational approaches is capturing when leadership happens if it is temporary and open to all contributors and Denis et al (2012) remark this might make leadership difficult to distinguish from team working for instance.

In these approaches although leadership takes into account social and personal influences in the relationships between leaders and followers, leadership remains a relation founded in individuals who are discrete, independent entities (Bradbury and Lichtenstein, 2000). This 'entitative' (Hosking and Morley, 1991) perspective of leadership embodied in an individual, emphasises the independence of the individual, able to create what is around them (Hosking and Morley, 1991) and using social relations to gain knowledge and influence over others (Dachler and Hosking, 1995).

An entitative approach to leadership has been criticised by Cunliffe and Eriksen (2011) who remark that recent disaffection with individual leaders, especially CEOs, justifies looking at other models of leadership. Another criticism of the entitative approach is of the one-way relationship between an active leader and passive follower (Dachler and Hosking, 1995) where the single voice of management control dominates (Bouwen and Hosking, 2000). These criticisms belie the mutuality in relation expressed by writers such as Rost (1995) and research into the sharing of leadership in social networks and collectivities outside traditional dyads for instance (Graen and Graen, 2006; Balkundi and Kilduff, 2005). Nonetheless these studies still see leadership in individuals as leaders and followers and not in the actual relationship (Cunliffe and Eriksen, 2011) or process of leadership.

Relational leadership – decentring the individual

This section commences with a discussion of approaches to leadership created in relations where the relation or process is primary and the individual is decentred. Then ideas of leadership arising out of relational construction are reviewed. Finally dialogue is discussed and the role of relational dialogue in constructing relations is evaluated.

Leadership where the process is primary

Wood (2005), in a conceptual paper, draws on process metaphysics to locate leadership within a 'process-as-ontology' (p1111) whereby the world is made up of processes rather than entities and phenomena such as leadership are in flux and constant emergence (Denis et al, 2012).

Leadership arises in movement, in the space between individuals who are inseparable and changed by the process. Whilst the process rather than the individual is primary, the individual affects the process and Wood (2005) admitted it would be difficult to remove the individual from the focus of study without acknowledging their role in the process.

Another view of leadership in relation is given by complexity theory, which sees organisations as complex and adaptive systems within which leadership behaviours are collective and incremental influences subject to agents (people) and outside forces (Lichtenstein, Uhl-Bien, Marion, Seers, Orton and Schreiber, 2006), leading to change in the organisation (Lichtenstein and Plowman, 2009). Lichtenstein and Plowman (2009) used the model to research five cases where leadership was deemed to emerge in change, but felt their results were inconclusive admitting other analysts may have reached different conclusions, given different viewpoints.

Relational constructionism and relational dialogue

Relational constructionism (Hosking, 2011; Hosking and Bouwen, 2000) sees leadership specifically emerging and constructed through dialogue within relations (Fairhurst and Uhl-Bien, 2012). Relational constructionism comes within a relational ontology whereby the world is comprised of relations (Hosking, 2011). In this view the individual exists and is known only in relation (Hosking and Bouwen, 2000), interdependent and contributing to the process (Hosking, 2011) and negotiating their place in the social order (Hosking, 1988). Following from this, leadership is a 'more or less skilful' process (Hosking and Morley, 1991, p240) which emerges in the negotiation and renegotiation of social order (Hosking, 1988). The research adopts an approach to leadership founded in relational constructionism seeing the problems already discussed with leadership based in an individual.

Dialogue is used by Bakhtin (1981) to describe language which has competing meanings. Bakhtin's (1981) epistemology of dialogism sees a world dominated by heteroglossia whereby there is constant interaction between meanings coming together in unique utterances themselves governed by forces such as history and society. Bohm (1996) adopts a different viewpoint looking

at dialogue for its qualities of creating new shared meaning out of tacit knowledge between people. Dialogue works to change underlying individual assumptions and bind people together. Isaacs (2001) draws on Bohm, noting how the ways in which people think are related to the systems they are embedded in. Dialogue is used to work together in solving problems by reflecting, inquiring and learning and Isaacs (2001) cites an example where dialogue is used to resolve employee-management relations.

However, for this research, dialogue is defined as 'relational dialogue' (Cunliffe and Eriksen, 2011) to describe collaborative qualities found in leadership that allows multiple views to be heard and prevail in living conversation talking with people (Cunliffe and Eriksen, 2011) and listening to them (Hosking, 2011). It looks to others endeavouring to work out what is meaningful with others, in collaboration (Raelin, 2011), admitting others' contributions and allowing diversity (Cunliffe and Eriksen, 2011). Relational dialogue may be also used for sense making (Shotter and Katz, 1996), promoting spontaneous ways in dialogue where people orient to each other using simple forms of language (Shotter, 2013). Cunliffe and Eriksen (2011) regard engaging in relational dialogue may also promote moral responsibility in leaders' behaviours whilst Hosking (2011) refers to equality and leadership in dialogue which allows improvisation and the emergence of leadership in preference to calling on the expert knowledge of existing leaders.

Leadership in outcome

One concern with relational dialogue is the focus on the process of leadership rather than its outcome. That is, whether working together in this way in leadership contributes to goals rather than toward what is meaningful for those working together now in the moment, which may not be necessarily oriented toward outcomes. For this reason this study also adopts a model that promotes outcomes in leadership whilst still seeing the individual as decentred. Drath et al's (2008) framework has three outcomes of direction, alignment and commitment (DAC) which promotes a strong sense of goal fulfilment when it emphasises collaborative working toward a shared direction or agreed goal, whilst being aligned or coordinated toward that goal. This 'leadership ontology' (p635) requires individual commitment toward a goal even if this fails to

benefit the individual. These three outcomes may exist independently and change over time such that leadership must continually reframe and develop within this ontology.

Decentring the individual - call for empirical work

Some researchers (Fairhurst and Uhl-Bien, 2012; Crevani et al, 2007) comment on a shortage of empirical studies into the interactions in the process within relational leadership calling for studies into the 'how' in interactions. Crevani, Lindgren and Packendorff (2010) ascribe this shortage to the challenges for researchers studying leadership as continuous flow and selecting a suitable methodology to capture the fluidity of dialogue in the process of leadership. It may also be many researchers into relational leadership in a process focus on developing theory, as Denis et al (2012) remarks, so their contributions are exploratory. However, Hosking (2011) opts to take a practical view of leadership in preference to building theory and sees leadership as a practical way of orienting to relational processes invoking openness in dialogue and a willingness to share with others.

Despite these challenges in studying leadership in a process and orientations to either practice or theoretical work, there have been some empirical studies of leadership as a process. Crevani et al (2007) studied how leadership is practised and constructed collectively and concluded leadership is a collective process of construction. Another study by Cunliffe and Eriksen (2011) researched how people become leaders when placed in new contexts and concluded relational leadership is how people are in relation to others, in dialogue, and their ethical and moral concerns. This research situates itself in this area of leadership as a process, specifically in relational dialogue, and exploring conversations for features of speech that might point to leadership in dialogue and in outcomes.

Summary

The chapter draws on four definitions of leadership proposed by Grint (2010) to frame a discussion of views of leadership commencing with the leader as a person and ending with the outcome as the leadership act. Leadership as it occurs in a process and specifically in relational

dialogue is identified as the approach taken by the research. In addition, leadership in outcome based on Drath et al (2008) will also be used to interpret leadership moments.

Some empirical work on the process in relational leadership has been carried out (Cunliffe and Eriksen, 2011; Crevani et al, 2007), but scholars have also called for more empirical work (Fairhurst and Uhl-Bien, 2012; Crevani et al, 2007) into the process of leadership in relation. This current study aims to answer this call in exploring the process of leadership in interactions, studying relational dialogue, supplemented by the outcome-focused DAC framework, with the aim of uncovering how leadership moments arise in conversation.

Chapter 3: Methods of data collection

In order to investigate the processes of relational dialogue, organisational discourse analysis (ODA) was employed as a methodology, encompassing a number of discursive approaches to studying how organisational life is constituted (Phillips and Oswick, 2012) including conversation analysis (CA), which was adopted as an analysis tool. The data accessed were video-recordings of conversations originally filmed for another use and as such were secondary data.

The research employed CA to analyse the data as a method which studies language closely as naturally occurring conversation (Wooffitt, 2001). The close analysis afforded by CA was supplemented by looking at the data as narratives occurring over a period of time; therefore, excerpts from conversations were taken at different points. This supplementing of CA as a method has been used by other researchers such as Samra-Fredericks (2004) when combining CA and ethnographic approaches. This analysis also answered a call by Fairhurst and Uhl-Bien (2012) for more empirical (exploratory) work to be done into relational leadership and using ODA to do so.

Discussion of methodology

A research methodology is a paradigm that underlies the research, setting out the ontology and epistemology behind that research; that is, beliefs about how the world works, the nature of people and how knowledge can be obtained (Blaxter, Hughes and Tight, 2010).

Much research in the social sciences falls within two main epistemologies: positivism and interpretivism. Positivism adopts the experimental method of physical science which states hypotheses concerning selected variables and studies these by quantitative measurement and manipulation to deduce relationships between the variables (Hammersley and Atkinson, 2007). From observation and deduction, general laws are drawn up to explain the observed relationships between the variables (Hammersley and Atkinson, 2007). Researchers are separate from what they research taking an objective stance toward their data.

However, this research did not set out to test for general relationships in the data. An abductive approach was taken, drawing on the researcher's observations of social phenomena to deduce patterns and themes, creating and referring to concepts to explain them (Weick, 2012; Cunliffe and Eriksen, 2011). This approach sought to uncover broad relationships between speech features and leadership in dialogue and outcomes that might point toward moments of leadership. The research admitted complexity because of the rich nature of the data from the social world and opted to interpret the actions of people rather than explain them. These aspects of the approach followed an interpretivist epistemology, which seeks to interpret the social world and recognises the involvement of researchers in what they research (Bryman and Bell, 2007). Although it was secondary data, the researcher recognised her involvement in the data as she analysed and interpreted it. Therefore, a reflexive attitude was adopted, mindful of her own beliefs and the limitations of the data.

The researcher also subscribed to a social constructionist ontology believing people socially construct their identities in society, made by and making mankind (Berger and Luckmann, 1966).

Hence the social world was seen as inseparable from people in not having a separate objective reality to those people, as in objectivism (Bryman and Bell, 2007).

One aim of this exploratory research was to explore conversational interactions and how these create moments where one person leads and then another. The method chosen had to be able to capture the detailed and dynamic processes of spoken language in moment-to-moment interactions. For this reason ODA, a broad set of methods (Fairhurst and Uhl-Bien, 2012) was adopted, employing discourse analysis as a theoretical framework and research methodology to analyse how language constructs and constitutes phenomena in organisations (Phillips and Oswick, 2012).

ODA studies language as the primary focus in analysis rather than regarding language as a reflection of what people think or see (Phillips and Oswick, 2012) or their motivations. Taylor (2001a) argues it would be difficult to assess people's motivations using language since meanings alter constantly amending the significance of what they say and do. ODA analyses language closely across contexts or in a particular category of context (Taylor, 2001a); recognising the interactions between people carry with them meanings outside the immediate context (Taylor, 2001b). ODA recognises language is evolving, such that people construct, contest and negotiate meanings (Fairhurst and Uhl-Bien 2012) within each interaction leading to new meanings, making up their objects, worlds, minds and social relations (Wetherell, 2001).

This dynamic, constructed and contextual view of language is consistent with a broad social constructionist epistemology which underlies many ODA methods (Fairhurst and Uhl-Bien, 2012) where social construction is regarded as a legitimate epistemology for studying organisations (Morgan and Smircich, 1980). Language is important in this construction, building a 'social stock of knowledge' (Berger and Luckmann, 1966, p56) affecting everyday interactions. Hence the social construction of reality depends on language and its role in people's interactions.

Phillips and Oswick (2012) note ODA methods may be employed to discursively analyse organising at a number of levels in the organisation drawing on a variety of data sources such as interviews

and historical review of texts. Secondary video data was available, and given the practicality of obtaining access to the organisation in the short time available for any further data gathering such as interviews or documents, analysis was confined to what was on the video-recordings. This research was concerned with the immediate process by which leadership arose in relation and not the wider societal context of these interactions. For this reason CA was considered as an analysis method which concentrated on how people use talk-in-interaction to produce activities and make sense of the world (Fairhurst and Uhl-Bien, 2012) by studying naturally occurring conversations typically using recordings (Llewellyn 2008). For its focus on the analysis of detailed talk, by using recorded data, CA was chosen as a suitable analysis method.

Data

The research opted to use secondary data which showed people in conversational interaction in meetings. In doing so, the analysis confined itself to what could be gleaned from the recordings rather than using wider sources of data such as texts and interviews to look at wider cultural and social processes. However the exploration was focused on the detailed moment-by-moment interactions found in relational leadership.

Secondary data is that collected and possibly analysed by someone else (Blaxter et al, 2010). It can be useful where the costs of collecting primary data are a concern or there may be access issues (Blaxter et al, 2010). It also saves the researcher time that can be spent on analysis and interpretation of data though the researcher is less familiar with the data as they haven't collected it (Bryman and Bell, 2007). The researcher should consider the original purpose and focus of data collection may differ from that currently intended and must work around this as well as not having control over the quality of data which may affect data analysis (Bryman and Bell, 2007).

Video data is a medium used in CA to analyse interactions (Llewellyn, 2008; Pomerantz and Denvir, 2007; Greatbatch and Clark, 2003) enabling the analyst to extract detail from the data by slowing down the tape and replaying interactions to capture nuances missed previously (Llewellyn, 2008). Thus it frees the analyst from having to capture all or much richness all at once

in a live situation. However decisions made by the researcher in recording data, including video data, may mean the data is affected by the researcher's input, including where to place equipment and what data to record (Hindmarsh and Llewellyn, 2010).

CA works with audio and video-recordings (Hindmarsh and Llewellyn, 2010) of natural conversations (Schegloff and Sacks, 1973) deemed to be 'naturally occurring' (Wooffitt, 2001, p58). One way of looking at naturalness is to consider the researcher's role in the data. Thus Potter (2002) remarks if the researcher were not present would the data still be collected and argues it wouldn't in an interview or survey but would if recorded. However the naturalness of human conversation cannot be assumed even if it has been recorded or observed without the researcher present as decisions made by the researcher in recording the data may affect the way the speakers interacted (Silverman, 2007). Unless data is recorded covertly there is likely to be some awareness of the recording by the participants but covert recording leads to ethical concerns (Taylor, 2001a). Sacks (1984, p26) believed tape recorded materials gave a 'good enough' account of what had gone on even if other things not captured on the tape had also occurred. This is probably a common sense approach recognising that recorded data is a record of what went on but with flaws which need to be acknowledged in the analysis. The naturalness of the data is discussed further in the next chapter which considers how natural video-recorded data filmed for television might be.

CA as a method

Sacks (1989) devised CA as a way of observing social phenomena noticing social activities are methodical occurrences founded in formal procedures used by people. From this, CA was conceived as a means of observing the social world founded on regular practices exhibited by people in interaction. The aim of CA is to use naturally occurring data so that orderly ways of speech (Schegloff and Sacks, 1973) may be observed from the recordings made (Hindmarsh and Llewellyn, 2010). Conversation is analysed from the point of view of the participants and how they orient to interaction (Heritage, 2005) and their actual words are indexical (Wetherell, 2001) drawing their meaning from the immediate interaction.

CA analyses the interaction in conversation for what it reveals of that conversation at that time by studying 'natural activities in their natural sequences' (Sacks, 1989, p169) believing that the smallest, apparently irrelevant speech act may be significant (Wooffitt, 2005). The order of talk and preceding talk is important (Oswick and Richards, 2004) as talk occurs in sequence within its immediate context (Llewellyn, 2008) and participants orient by their analysis and interpretation of the previous talk in the sequence (Kangasharju and Nikko, 2009) such that they understand the previous move leading to their own response (Llewellyn, 2008). So in CA the sequence of talk is the unit of analysis whereby sequence is deemed to be the orderly and coherent assembly of discrete moves by participants who provide responses in turn (Wooffitt, 2001). But in this it assumes people are orderly in language in a way they aren't necessarily in behaviour.

Llewellyn (2008) gives an example of talk and context in CA where participants orient to each others' responses in interaction. A Big Issue seller talks to a woman as she hands him a donation. She mentions that she is Catholic and he responds saying 'woo' at which point she explains she has too much religious material to read. He orients to this as an explanation saying 'alright'. The context here evolves as each turn reveals additional information from the participants, each responding and contributing to the emerging understanding.

CA researches the social organisation of people's activities constituted through talk (Wooffitt, 2005) but is not concerned with their motivation or the wider society behind the interactions (Wooffitt, 2001). Nonetheless Sacks (1989) referred to membership categories such as race which people identified with and used in their conversations and which were also full of inference about their actions (Wooffitt, 2005). Similarly institutional CA (Heritage, 2005) recognises certain social organisations or institutions possess particular features of speech. Thus Heritage (2005) states interactions reflect a specific goal-orientation relevant to the institution, what is permissible as a contribution and the binding institutional frameworks on the interaction. Llewellyn (2008) gives an example which shows the protocols used by call handlers in 999 calls to establish whether emergency calls were valid. Though only the transcript of the call was analysed it was evident that

the participants had in mind the contextual institutional setting of an emergency call and not say a friendly chat.

The focus in CA on the interaction, in an institutional setting, but without considering the wider social and cultural context suited the focus of the project on the moment-to-moment of interactions. CA was used to analyse interactions containing examples of 'building blocks' (Sacks, 1989, p174) or features of speech that suggested relational dialogue. These included for example agreement tokens (Kangasharju and Nikko, 2009) signalling agreement between participants in the sequence.

By focusing on the interaction without its wider context, the research omitted a wealth of information on participants such as status which might affect the interaction and enrich the analysis. However the project was concerned with discerning the features of speech surrounding the detailed interactions taking place and how they create moments of leading. The focus in CA on the immediate context of the interaction was criticised by Oswick and Richards (2004) who stated CA concentrated on only the text (here the interaction in sequence) believing the participants account for all relevant features of language in that text disregarding anything outside the text. However Sacks (cited in Samra-Fredericks and Bargiela-Chiappini, 2008) considered that focusing on the mundane minutiae in interactions would in itself reveal what efforts individuals were making to embody the larger social phenomena of power, class and so on, in their minute interactions. Thus the intention of CA is not to ignore larger discourses but to uncover what individuals make of them in their lives. CA makes no a priori assumptions of what is going on in a sequence as the way in which people orient is meant to reveal organizing and not what the analyst imports as an interpretation (Llewellyn and Hindmarsh, 2010).

Doubt has been expressed over how the social world might be discerned in interactions. Cooren and Fairhurst (2004) remark, it remains to be seen how organizing can be seen in the detail of naturally occurring interactions. However it is possible to see how individuals recognise and use certain aspects of organisation in their interactions in institutional talk. Heritage (2005) lists six

features of interaction where organisation might be seen including the language people adopt referring to certain activities, and their asymmetries in participation reflecting structures in the organisation.

The research was interested in the evolution of conversations that were taking place so the data analysis took excerpts for analysis by CA from sequences at different points in the same conversation. The intention was not to reveal larger discourses but to see if leadership moments might come and go rapidly in a short time. This close analysis using CA was built on and used as a basis for interpretation of the interactions looking for features of relational dialogue and the DAC framework. A longer series of conversations relating to an outpatient clinic was also analysed, in part using CA and also thematic analysis in order to see if consistent speech features were revealed.

Each excerpt included brief background notes similar to those featuring in analyses done by Llewellyn (2008) and Samra-Fredericks (2004). Thus supplementary information was given to enable an analysis to be seen in its organisational context. In one example, where the speech features of a meeting were being analysed, background information on the progress of an initiative was provided. This information included the role of consultants in making decisions in relation to the initiative and gave greater understanding of the interaction which included jokes referring to these consultants making decisions. An approach using CA with other methods has been adopted by some researchers, for instance, Samra-Fredericks (2004) who used CA with ethnography deeming the two methods as complementary with CA revealing how social institutions can be brought into being through language and ethnography allowing a broader review of history, culture and politics.

Ethics in the research process

Ethical concerns in research arise from the relationship between the researcher, the participants and other stakeholders (Easterby-Smith, Thorpe and Jackson, 2008). The project has ethical clearance to use material from the tapes in the MRes only (Appendix B). The research isn't

problematic insofar as it isn't researching for a particular audience of stakeholders who may seek to influence it to their own advantage and the researcher was not involved in collecting the data and so did not have to consider her participation and any ethical consequences of that in fieldwork.

However I considered ethics in reporting my research as I have a duty not to harm participants by disclosing potentially harmful or confidential information. The tapes are owned by The OU with rights signed over and the data is over six years old. This doesn't absolve me from treating the data in confidence mindful that something on the tapes may be detrimental to someone and said in an unguarded moment. In this vein, sources have been anonymised so that the name and location of a participant would not be identified from the research though some broad detail may be provided for context for instance a nurse or surgeon.

The UK Data Archive (2013) gives guidelines on the use and preservation of personal data where an individual may be identified from data held. If data are anonymised (personal identifiers removed) then data protection laws no longer apply.

Chapter 4: Collecting and analysing the data

This chapter discusses the way in which the data was accessed, as the data was already available and no fieldwork was required. The chapter also reviews how the data was analysed from the initial entry into the data by viewing recordings, through transcribing data to analysis of excerpts using CA. Throughout an abductive approach was taken to explore emergent themes using this to frame the analysis.

Accessing the data

The data was held by the OU as around 100 hours of unedited (that is filmed but not then edited) video-recordings from three BBC programmes entitled '*Can Gerry Robinson Fix the NHS?*' broadcast in January 2007. Although the recordings took place over several months they have not

been treated as a longitudinal study mapping differences over time where the mechanisms and processes of change are more of a focus (Bryman and Bell, 2007).

The programmes consisted of a consultancy between Gerry Robinson (GR), a successful chief executive, and a NHS Foundation Trust. Video-recordings have been used in other CA studies (Llewellyn, 2008; Pomerantz and Denvir, 2007; Greatbatch and Clark, 2003) and these were referred to when using CA, for technique and approach. The data is secondary data and both the naturalness of the data and that it is secondary rather than primary data are discussed here.

The video-recordings were initially viewed for examples of conversations that could be analysed using CA and then interpreted using a lens of relational dialogue and DAC with the project aim of yielding examples of moments of leadership. CA uses recorded materials with an aim of studying only naturally occurring conversations 'in no way manipulated' in obtaining them (Schegloff, 1989). Naturally occurring data is ideally 'untouched by the researchers' hands' (Silverman, 2007, p55) and examples of collection include by audiotape 'always on even when moving between offices' (Samra-Fredericks, 2004, p129), and video camera positioned down a street from a Big Issue seller (Llewellyn, 2008).

It is argued this data is not 'untouched' as the filmmaker decided where to place equipment (Hindmarsh and Llewellyn, 2010), and even what data to record. When the video-recordings were viewed, examples emerged of the camera crew selecting what to record and asking people to talk about certain things. For instance in one conversation, a nurse was asked to talk to another about how she saw consultants and this was recorded. Covert recording might capture the most 'untouched' conversations but has ethical problems with consent (Taylor, 2001a). One possible solution is to allow people to become comfortable with recording equipment, such as that used in this data, so they behave as if it were not there, and naturally occurring conversation will emerge (Taylor, 2001a). However this is not guaranteed as participants' responses to filming vary and they may manage how they want others to see them (Miles and Huberman, 1994). In the conversation already referred to between the nurse and another, they mentioned several times how they were

both working toward a common aim yet the consultants were holding back progress but at the end of the conversation they admitted that in fact only 'one or two' consultants (out of eight) have expressed any disagreement. It appears they were projecting an impression of themselves as cooperative and the consultants as not. Whether data is naturally occurring is a decision the researcher must make given their knowledge of how it was produced and whether it was 'managed' by the participants for the benefit of the intended audience.

The researcher was not present at the recordings, and looked at the selection of conversations based on whether the filming took place in some way that affected the completeness or flow of the conversation for instance whether conversations were cut off or rerecorded. In one video-recording the initial conversation was restarted as a sound problem arose. People were requested to start conversations again or to mention certain topics in their conversations as already mentioned. Other conversations were not recorded in full for instance when GR and the Chief Executive Brian James (BJ) walk around the hospital there are times when they emerge already talking. This suggests an incomplete data record and the decision was made to not use these parts of an ongoing conversation.

As secondary data, it was not collected with research into leadership moments as the primary focus. The original intentions of the filmmakers were considered though these could only be surmised but nonetheless acknowledged when analysing and interpreting the data. Pomerantz and Denvir (2007) acknowledged problems with secondary data used for a CA analysis where the primary purpose was a film record of board meetings for a company in transition. One problem was the film format didn't capture all the participants when in dialogue and so it was difficult to follow some participants as well as sequences being omitted in editing. They opted to acknowledge and work round this in their CA analysis of excerpts from the film.

The data includes a log of filming (Appendix C) and the majority (excepting some 44 video-recordings which were not on the OU servers) of the 146 video-recordings are available to watch.

The log describes when and where each video-recording was filmed and the participants. This has made the selection of data for analysis easier as explained in the analysis section.

Data analysis

Miles and Huberman’s (1994, p10) definition of data analysis was adopted with analysis having three concurrent components: data reduction, data display and drawing conclusions/verification. The first two components occur in this chapter and the last one in the chapter on interpreting data. Clark and Braun’s (2013) thematic analysis was also referenced including familiarisation with the data, coding, and writing up being useful in part in guiding the data analysis.

Before setting about analysing the data using CA, some sense was made of the 102 video-recordings. First of all, the log of filming (Appendix C) was consulted and any monologues were discounted for instance GR talking to camera. This data reduction (Miles and Huberman, 1994) eliminated another 30 video-recordings which contained only single voices and therefore were not useful for this project.

Initially the only theme in mind when viewing the video data was dialogue. An abductive approach (Weick, 2012; Cunliffe and Eriksen, 2011) was adopted viewing video-recordings filmed at different times, between different people and in different circumstances reading and rereading the data to uncover new and unexpected data but also linking data to existing frames of reference such as relational dialogue or speech features such as humour. A DA researcher looks for patterns in language and in focusing on interaction, looks for features common to a number of interactions (Taylor, 2001a), for instance humour. *Table 1* is a record of the viewings, transcriptions and CA analyses done on the data.

Table 1- record of viewings, transcriptions and CA analysis

Date on recording	Video-recording number	Name	Extract transcribed (timers)	Content	CA analysis
First viewing					
April 2006	1	Hospital tour	22.04-37.18	GR meeting with Chief Executive walking around hospital.	Yes. Included in Chapter 5
April 2006	2	GR meets the consultants	00.35-22.31	First meeting between GR and the consultants.	Yes.
May 2006	3	Outpatient	No	GR meeting with manager	No

		proposal		to discuss outpatient clinic. Decided to transcribe later meeting in Video-recording 4.	
June 2006	4	Outpatient roundtable	18.14-39.56	GR meeting with consultant and manager to discuss outpatient clinic.	Yes.
July 2006	5	Trust Board	No	Trust board meeting. Decided format too formal.	No
Second viewing					
May 2006	3	Ophthalmic proposal	00.46-10.03	GR meeting with manager to discuss ophthalmic theatre.	Yes.
July 2006	6	Plaster room	15.42-25.44	Two managers and sister meet to discuss ophthalmic theatre.	Yes. Two separate sequences included in Chapter 5
Viewing of continuous narrative – outpatient clinic - for four features of speech.					
May 2006	3	Outpatient proposal	37.13-55.26	GR meeting with manager to discuss outpatient clinic.	Yes. Included in Chapter 5
April 2006	7	Head of paediatrics	53.11-57.34, 01.03.03-01.03.30	GR meeting with consultant to discuss consultant hours and contracts.	No. Looked at humour, personal pronouns
April 2006	8	First meeting with outpatient manager	01.43-03.16, 15.06-22.15	GR meeting with manager for the first time.	No. Looked at humour, personal pronouns, reinforcement
June 2006	4	Outpatient roundtable		See above.	
June 2006	9	Outpatient manager and Sister	34.24-35.08, 36.08-36.22, 38.33-39.36, 43.02-43.07, 45.02-45.12	Conversation between the manager and the sister in charge of the outpatient clinic. Excerpts were transcribed but the whole sequence was written down in the notes as it showed an emerging narrative.	No. Humour, personal pronouns, mirroring, reinforcement and the emergence of a narrative.

Viewing the video-recordings

The table includes the dates of recordings and what was on the video-recording. A number of video-recordings were viewed at different times and with different people and in different contexts. Thus a recording early in the consultancy in April 2006 (Video-recording 1) was viewed of the initial meeting between GR and BJ. The first meeting GR held with consultants (Video-recording 2) also in April was interesting because the meeting was about cutting waiting lists and those participating were responsible for the waiting lists. It was hoped the conversations would reveal moments of relational dialogue.

Video-recording 4, from June, contained a meeting between a manager, a consultant and GR about the outpatient clinic, and was interesting because the manager had made a proposal to GR previously (Video-recording 3) about cutting waiting lists. It was wondered how the initial

proposal which GR had liked would be received by the consultant responsible for the waiting list so Video-recordings 3 and 4 were viewed to see if a relational dialogue would emerge. Finally a video-recording from July 2006 (Video-recording 5) between GR and the Trust board was viewed. The filming on site ends in July and thereafter the video-recordings record revisits and GR speaking to camera.

Video-recordings 3 and 4 were viewed together to consider whether individual conversations are referential and as such part of ongoing conversations picking up established opinions and threads of previous conversations (Taylor, 2001a). This was considered when selecting segments to transcribe and analyse and it was later decided to follow the outpatient clinic through from inception to completion as a continuous narrative. In addition the context of meetings was noted when transcripts were made of the video-recordings including where the participants had met before and what they had discussed.

The viewing also took place with the intention of getting a feel for how the filming had taken place in the conversations considering whether there had been retakes, missed bits of conversation, and ongoing conversations that took place over time. These might all affect the naturalness of conversations and in Video-recording 3 the meeting was stopped and restarted due to a sound fault so transcriptions were made of pre and post conversations. Several video-recordings were viewed and discounted where there had been retakes or missed bits of conversation unless they coincided with a good twenty minutes of uninterrupted conversation such as Video-recording 3. This approach sought familiarisation with the data (Clark and Braun, 2013), but being selective and becoming familiar with the five, later nine, video-recordings from which examples were drawn rather than the entire data.

The selection of some video-recordings and some conversations with relational dialogues risked omitting other equally suitable data for later analysis and interpretation of interactions. However selection was done mindful of time constraints and the richness of the data typical of the social world studied in qualitative research (Bryman and Bell, 2007). Heuristic decisions were made

applying judgement (Tversky and Kahneman, 1974) on what was included and excluded. Decisions were framed by the research aim of uncovering examples of relational dialogue but mindful of whether the choices were representative (Tversky and Kahneman, 1974) of the data and examples of naturally occurring conversation. It is felt the selection of data made has enough examples of relational dialogue (around eighty minutes) to provide a good basis for selecting excerpts to be analysed using CA.

Transcription

The five video-recordings viewed initially were watched twice through, whilst brief notes were made summarising the conversations; the length of each continuous conversation and noting when there had been interactions. Three of the video-recordings were selected for transcription: Video-recordings 1, 2 and 4. Video-recording 3 was rejected at this stage as the conversation with the manager was interrupted after ten minutes and Video-recording 5 as a chaired meeting where there was formal dialogue within the rules of a meeting. The intention was to analyse something more free-flowing where leadership moments might emerge than a meeting with a chair where certain behaviours of the chair in particular (Pomerantz and Denvir, 2007) might be expected.

The selected video-recordings were watched as the data was transcribed, a process of familiarisation with the data as coding of data (Braun and Clark, 2006). Three continuous conversations of around twenty minutes each on Video-recordings 1, 2 and 4 were transcribed. Each had a single uninterrupted dialogue exceeding twenty minutes where it was clear the participants were engaging with each other by actively participating in conversation, replying to each other and listening. Two of the video-recordings were transcribed from the start of the meeting to capture any preliminary talk. The third, the *Hospital tour*, was transcribed from partway through the tour of the hospital to capture more of the developed conversation than preliminaries. No transcription was done to the end in any conversation, except the *Outpatient roundtable* which was around twenty minutes long, so some of the conversational niceties at the end of conversations were missed but it was decided there was sufficient relational dialogue in the transcriptions made.

The three transcriptions employed an approach somewhere between what an audio-typist would produce and a CA approach using Gail Jefferson's symbols (Appendix D) which records minute detail. A transcript, for Tape 6, is in Appendix E. This in-between approach aimed to capture much more of the actual rhythm of talk the errs, ums, overlaps and pauses without taking the time or in the minute detail employed in a CA analysis, but bringing the transcriptions closer to the detail used in CA to analyse sequences of talk which was the next step in analysis. The transcriptions used the timings on the recordings and the initials of the speakers to tie them back to the original recordings should the recordings be viewed again. Any references to names were anonymised to an initial letter.

The transcriptions revealed the temporal production of speech (Hindmarsh and Llewellyn, 2010) such that the trajectory of speech became apparent in the way in which conversations moved on. However the transcriptions were only a representation, as the researcher's interpretation of the original video-recordings, and relied on the skill of the researcher as transcriber (Miles and Huberman, 1994) as well as being their construction (Taylor, 2001a) of what had happened and what they deemed important. Nonetheless the transcriptions enabled the detailed analysis of data captured in writing as a record which could be read and reread. However the video data remained important as a reference point and it was returned to frequently to clear points and refresh a sense of the conversations when they became dead on the page.

Abductive analysis of the transcriptions and CA

An abductive approach was employed to analyse the three transcripts noting patterns in conversations which suggested areas for further study. The transcripts were read and reread and marked up with highlighters where common emergent patterns (Miles and Huberman, 1994), themes or things of interest were discerned. The abductive analysis took place within a framework of transcripts already chosen for examples of relational dialogue so any themes that emerged came out of data that was already selected to show interactions and the sequences in talk.

Ten themes or features in speech emerged from the abductive analysis that were also speech features in CA (Appendix F). It was then decided to return to the data for a second viewing to see if supporting data could be found to make stronger claims for the analysis or even contradictory examples (Wooffitt, 2001). From this, two further ten-minute excerpts from Video-recordings 3 and 6 were transcribed, one recorded in May and one in July. Both sequences were transcribed from the beginning of the meeting to capture initial interactions. Video-recording 3 included a conversation between GR and a manager responsible for the ophthalmic waiting lists and Video-recording 6 was a meeting between a senior manager, another manager and a Sister about converting a space in a plaster room into a theatre for ophthalmic surgery.

Then eleven excerpts of between nine seconds and half a minute each from the transcriptions were selected for close analysis by CA using transcription symbols (Appendix D). These showed one or more of the ten features of speech and CA was used to reveal how these features of speech contributed to producing sequences by participants in interactions. These excerpts ranged between four and ten lines of speech and had two to three participants. An example of an analysis using CA is shown here.

GR meets the consultants - excerpt

12.58	GR and and I'm trying to get what that capacity (.) is is that the s:imple availability of operating theatres
	[or (0.2)
13.03	D7[yes
13.04	GR the [who:le (0.2)
13.04	D7 [yer the [simple
13.05	GR [staff backup
13.07	D7 well (0.2) the two together <u>really</u> .
<i>Analysis</i>	
In this excerpt an orthopaedic surgeon explains her waiting list and the inherent lack of flexibility compared with an earlier surgeon. This is institutional talk (Heritage, 2005) and oriented toward a work goal of reducing waiting lists. Here GR and D7 work together to produce a sentence. D7 affirms GR by saying yes and yer which are agreement tokens (Kangasharju and Nikko, 2009) as he starts and stops (an interval of 2 seconds at the end of his first and second utterances and a small pause in his first utterance denoted by (.)). There are three overlaps, denoted by '[': D7 of GR then again and finally GR overlaps her. In each case this is to continue the sentence rather than negate or disprefer (Wooffitt, 2001) it say by using 'unless' or 'not' (Samra-Fredericks, 2004). D7 finally completes by setting out an explanation which includes GR's earlier	

utterances. Certain words are emphasised (underlined here) and others elongated where the ‘:’ symbol is used. By using symbols to show pauses, overlaps and emphases the analysis reveals more of the texture and how the speech was produced than a grammatically correct reproduction would (Wooffitt, 2001).

Separate to the CA analysis, the speech features in the transcripts were analysed for their occurrence at certain parts of the conversation where there was relational dialogue, and their frequency in each conversation, with an aim of uncovering particular relationships between relational dialogue and the speech features. For instance if humour occurred in the conversations transcribed, was it always a feature of relational dialogue and could it be predicted where it occurred. A data matrix was drawn up for each twenty-minute transcript where relational dialogue had occurred, noting where any of the ten speech features on the video-recording had occurred. This was used to compare transcripts for the occurrence and frequency of speech features and this data display (Miles and Huberman, 1994) helped uncover themes, clusters and patterns in the data. An example for Tape 4 is in Appendix G.

Four of the ten speech features emerged out of the data matrix as most significant, occurring most frequently in interactions within relational dialogue: humour, use of personal pronouns, mirroring speech and reinforcement (agreement tokens) of others. Of the other features, silence was rare, whilst adjacency pairs are features of speech where people talk and reply for instance in greetings as a common feature of speech between people (Wooffitt, 2001) and so of no particular significance in dialogue. Overlaps and completing sentences appeared to happen with or without preferment (agreement) or dispreferment (disagreement) (Wooffitt, 2001) so they could either contribute, in agreement, toward relational dialogue, or in disagreement against it. Managerial and specialist language are expected features of institutional talk reflecting work goals and certain protocols of behaviour originating in the organisation (Heritage, 2005). The four features occurred most frequently on the transcripts for Video-recording 4, *Outpatient roundtable*, but they also appeared in the other video-recordings transcribed where relational dialogue had occurred.

Outpatient clinic narrative

At this point, the analysis using CA came from five unrelated video-recordings. It was decided to use the four speech features as a starting point following them through a series of meetings to

discuss a successful outpatient clinic initiative to reduce waiting lists, as a continuous narrative, to see if they reoccurred in these meetings. This narrative was chosen from a successful initiative to explore what if any of the four speech features came up in the meetings and whether these four features always flagged up dialogue with relational features such as listening and attentiveness. For instance would humour always point to relational dialogue happening. From the continuous narrative, it was observed humour and the use of personal pronouns appeared across conversations more than mirroring speech or agreement tokens.

As already noted, the four speech features appeared in other conversations outside the outpatient clinic initiative so it was decided to take four of the conversations which exhibited these speech features to be analysed using CA, from a number of projects and at different times, and interpret these using the characteristics of relational dialogue and the outcome-focused DAC framework of Drath et al (2008) to tell the 'story' of the data or Clark and Braun's (2013) final phase, Miles and Huberman's (1994) drawing conclusions.

Chapter 5: Interpretation of findings

In this chapter the findings from the data analysis are interpreted referring to the literature. The four speech features that emerged from the abductive analysis were more significant than other speech features in contributing to relational dialogues and two of these humour and personal pronouns, appeared more in conversations than the other two features in the outpatient clinic narrative. Four excerpts exhibiting some of the four speech features are analysed using CA and interpreted using relational dialogue and Drath et al's (2008) DAC framework. One excerpt is from the *Outpatient proposal*, another from the *Hospital tour* and the other two from the same conversation in the *Plaster room*. The intention is to focus on the process in the interaction not the participants or their personal qualities.

The four speech features usually occurred in combination so excerpts show two or more features as they occur in conversation. It is also shown in the *Hospital tour* that the occurrence of a feature does not guarantee collaboration in relational dialogue and it is useful to look at why this is the

case. The chapter also considers whether something else as well as relational dialogue is needed for leadership to emerge in the moment, and interprets the excerpts using the DAC framework which sees leadership in direction, alignment and commitment toward a goal.

CA is used to analyse interactions to get close to language and how through language things get done (Sacks, 1989) by focusing on the small and mundane (Samra-Fredericks and Bargiela-Chiappini, 2008). The conversations illustrated here come within institutional talk in CA (Heritage, 2005) confining themselves largely to discussing tasks related to the specific institution, here the NHS.

The analysis using CA is then interpreted referring to the literature through a lens of relational dialogue, looking for qualities of dialogue such as open-endedness with an emphasis on the features of the dialogue and not the characteristics of the people. The interpretation also looks for a sense of working toward a goal adopting Drath et al's (2008) framework of leadership outcomes suggesting a trajectory where interactions are moving toward an outcome.

Humour, use of personal pronouns, mirroring and agreement tokens

This excerpt from the *Outpatient proposal* occurs during a conversation between Gerry and K (a manager) who presents a proposal for reducing waiting lists in the outpatient clinic, which is eventually adopted. Gerry leaves this conversation with the proposal K has prepared. At this point K is still talking with the head of paediatrics about the practical details and the consultants haven't had the proposal put to them. Gerry asks K about the consultants, how they will see the proposal, and how long it will take for them to agree to it.

During this exchange K sits and Gerry perches on her desk in a small room speaking directly to her.

48.08 GR .hhh well is there is there any mileage in our getting them to come up with some of the stuff themselves to give them the feeling that they're driving it that they're (.) that it comes from the consultants because maybe there is some something in that?

48.22 K >you mean that fact that most of them are men< heh heh hh heh

48.27 GR ↑are most of them men?

48.28 K heh heh yer heh

48.29 GR ↑does that make it easier or more difficult?

48.31 K oh I don't know it depends [on

48.32 GR [heh heh heh[

48.33 K [some women's view is that you always have to you have to always get your partner to think it's their idea kind of philosophy =

48.37GR=heh heh

48.38 K I wasn't sure if that was what you were [

48.39 GR [women lead their entire lives on this basis so why change it for this heh heh heh=

48.44 K = yer that's what I was wondering was that the kind of thing you meant really?=-

48.46 GR = it is it is actually true isn't it that if people believe they have come up with the thing themselves =

48.50 K =you take you take ownership of it [

48.52 GR [yeh yeh=

48.52 K =then and I suppose (.) you know what you can do is present the facts and hope that they come up with the solu:tion

Analysis and interpretation

CA

The following analysis illustrates humour, the use of personal pronouns, agreement tokens and some mirroring.

GR at 48.08 differentiates by 'our', K and himself, in one team with collective responsibility (Kangasharju and Nikko, 2009) from the consultants as 'them', 'themselves', 'they're' in another revealing how he positions himself in the conversation (Samra-Fredericks, 2004) in one group, looking to get another group to make the decision. The sense of otherness is enhanced by his stress (*denoted by an underline*) on these personal pronouns as he speaks. K concurs, referring to the consultants as 'them' in 48.22, and both continue to refer to them as separate throughout the excerpt: at 48.27 and 48.52.

K brings humour into the sequence at 48.22 producing a laughable (Kangasharju and Nikko, 2009), an invitation to laugh, reinforced by her laughter and speeded up delivery. Jokes should occur in

sequence (Sacks, 1989) so one joke should lead to another. This does not happen immediately as GR doesn't reply with a joke or laughter at 48.27. Humour occurs for a number of reasons: to express superiority over others, to signal an incongruity or as a release from tension (Greatbatch and Clark, 2003). Humour can also signal inclusion and exclusion (Kangasharju and Nikko, 2009) or a pursuit of intimacy (Jefferson, Sacks and Schegloff, 1987). Possibly K is using her joke to relieve tension as she had expressed her views earlier in this conversation on the consultants' unwillingness to trust her to make decisions.

Nonetheless GR doesn't disprefer her (Wooffitt, 2001) by disagreeing or changing the subject. He asks a question repeating her assertion and mirroring her at 48.27, she replies in an adjacency pair to his question at 48.28, he continues with the thread at 48.29 asking a question related to her original joke. So GR doesn't immediately take his turn and tell a joke but keeps the sequence going by referring back to the original joke. In this way they keep a conversation going by taking turns (Wooffitt, 2001). At 48.32 GR starts to laugh, and between 48.33 and 48.44 they engage in free conversation, including another laughable at 48.33 and laughter at 48.37. At 48.39 GR offers a laughable of his own to which K replies. Their overlaps may appear to spoil the normal turn taking but Jefferson (1986) shows these are in fact orderly and complete conversations.

By 48.46 GR returns to his topic, introduced at 48.08, of the idea coming from the consultants, thereby appearing to close off the humour sequence. At 48.52 GR offers an agreement token (Kangasharju and Nikko, 2009) likely signalling approval.

It appears here humour was used to release tension from the earlier discussion by K and latterly GR working jointly (Kangasharju and Nikko, 2009).

Relational dialogue

This sequence reveals elements of relational dialogue emerging in the process of interaction. Collaboration and sharing meaning occur where GR and K align themselves: an 'our' who are going to get the consultants to do something. However K's joke in 48.22 in response is ambiguous not clearly signalling her agreement to this approach. It may be GR was uncertain of her

agreement at first seeing her reply as sarcasm hence his neutral question at 48.27 although he is attentive picking up the theme of men. He does seem willing to engage with K's humour though, admitting her contribution and listening to her, not shutting her down but picking up on her joke and carrying it though not immediately by joking himself. This suggests he is sharing meaning with her by his acceptance and continuance of the joke. K reciprocates in responding to his joke about women leading their entire lives on this basis. They both respond and lead at different times in the conversation for instance, K at 48.50 and GR by his approval at 48.52.

DAC framework

Using DAC outcomes (direction, alignment and commitment) to interpret the interaction, GR and K are clear they want to persuade the consultants to adopt the project so they share direction, they are committed to the project which K came up with and GR supports, and they have aligned themselves by agreeing to work together to get the consultants to think they have come up with the idea.

Humour, mirroring and personal pronouns

This second excerpt is from the *Hospital tour*, the initial meeting between Gerry and the Chief Executive of the hospital (BJ) who talk as they walk through the hospital. Here they are in the theatres discussing operating hours for which nine to five is common practice. The meeting has no particular conclusion though they agree that reducing waiting lists is an aim of the consultancy but not yet how this would be achieved.

32.03 GR ↑oh that's s:urprising actually. Isn't it

32.06 BJ >yer obviously it's surprising to you.< [tape shows him smiling]

32.08 GR it's very surprising to me. Extraordinarily expensive .hh set up, extraordinarily expensive pieces of kit .hh and you know it's being used (.) nine to five only.

Analysis and interpretation

CA

GR's raised intonation at 32.03 (*denoted by '↑'*) stresses certain words dramatising his utterance making it stand out from the previous level tone of speech. BJ replies quickly (*denoted by '>', '<'*)

smiling and stressing 'obviously'. His response may be defensive as humour is a device for negotiating delicate situations (Puchta and Potter, 2004) possibly as a means of defusing the strong tone of GR's previous sentence.

Moreover he doesn't align with GR in using 'you' instead of 'us'. In some way he is distancing himself by his non-alignment (Samra-Fredericks, 2004) and GR does likewise in 32.08 using 'me'.

BJ picks up on 'surprising' mirroring GR using the word and then GR continues repeating 'surprising' and then goes into a long sentence emphasising 'extraordinarily', repeating this and 'expensive'. GR colonises the conversation with financial terms by using 'expensive' and identifies himself with this view by using 'me'.

Relational dialogue

This excerpt doesn't reveal much collaboration as GR and BJ have espoused their different views on whether the operating hours are surprising. Nonetheless they are attentive, picking up on each others' utterances, listening to each other and BJ is responsive in his attempts to soften GR's strong tone by employing humour. In this sequence they appear to be vying for leadership: GR by his emphatic language and use of 'me' and BJ by separating himself by humour and referring to GR as 'you' so they are not open-ended in their dialogue, appearing to separate from each other. From this sequence it is clear that dialogue which has features of relational leadership need not always be collaborative.

DAC framework

Using DAC to interpret this short conversation as leadership outcomes suggests at this early stage the two speakers weren't able to share some aspect of direction, alignment or commitment so their overall longer-term outcomes differed. It can only be speculated that whilst they both agreed waiting lists had to come down (direction), they differed on how this would happen at this stage (alignment) or maybe their commitment to their goal. The framework allows for each leadership outcome to be produced separately though with varying degrees of leadership effectiveness.

Use of personal pronouns and mirroring

This third excerpt, from the *Plaster room*, was filmed when discussions on how to implement the reduction in waiting lists had been going on a few months. A senior manager is holding a meeting with the theatre Sister and another manager to discuss whether the plaster room could be used as a theatre. The meeting finishes by concluding using the plaster room as a new operating theatre wouldn't work and the participants run through alternatives that had been tried in the past such as weekend and evening operating.

The meeting is held in the plaster room which is cramped and they all stand during the meeting. There is no formal chair (Pomerantz and Denvir, 2007) though the senior manager starts the meeting by asking for an update from the Sister who had been investigating possible ways of achieving the planned operating schedule.

A is a senior manager; N1 is the Sister and N2 the other manager.

17.27 N1 and all the other things we would need plus we would need to do major work to remove the microscope from the ceiling..hh That would take two days to take it down

17.35 N2 two days

17.36 A but the space isn't big enough when >you've finished there's no point discussing < the other detail is there all of that's just impossible if that space isn't worth it[

17.43 N1 [and also to accomplish that we're going to have to buy a second microscope. The costing for that can be between (.) 20 to 60 thousand so we would be looking at 60 thousand

17.52 A the alternative

17.53 N1 ...

17.55 N2 in terms of the second one when we've got a second (.) the Leica is that not sufficient

Analysis and interpretation

CA

This excerpt particularly shows the use of personal pronouns. N1 and N2 use 'we' suggesting they identify with each other and possibly a social order beyond that, maybe of the ophthalmic service. A refers to 'you' thereby distancing herself from the others by marking them as separate.

There are also examples where someone talks over someone else, where speech overlaps. The first of these is at 17.43 where N1 continues to discuss the practicalities of moving microscopes overlapping A's utterance where she refers to the space being the deciding issue. N2 takes up this discussion at 17.55 continuing to discuss the microscopes despite A speaking at 17.52. Sometimes a block takes the form of interruptions and using language such as 'but' or 'unless' signalling a dispreference (Wooffitt, 2001). By continuing to talk ignoring, it appears, A's contribution, this suggests a rejection of what A says or a dispreference. N1 and N2 are continuing their conversation despite A bringing in a separate point.

A's first utterance contains a speeded up portion emphasising that she believes there is no point discussing plans in detail because there is not enough space. In changing the subject from what the others were talking about she also appears to disprefer them.

Relational dialogue

In this conversation N1 and N2 adopt relational dialogue in collaborating and working together, listening responsively to each other in an emerging dialogue. But A is excluded from this conversation: she is not being listened to even though she makes a point at 17.36. There may be a number of reasons for the lack of response, from the others needing to complete their discussion, to rejecting her dispreference and separation, to having not heard her, but they aren't responsive in a dialogic way, admitting A's contribution.

DAC framework

This excerpt illustrates how DAC can change over a conversation. The three participants started with a shared direction which was to investigate the use of the plaster room as a theatre. But by this stage in the conversation, N1 and N2 are pursuing a separate thread to A. There is no overall alignment as only two of the three coordinate themselves exploring one possibility. Neither is right or wrong but they are not aligned and A appears to be uncommitted toward what she sees as a lost cause.

An excerpt later on in the same conversation, shows the use of mirroring and personal pronouns.

21.28 N1 quick fix for this this would be a major renovation if we needed to do it plus we would also need to find a space for all the equipment that's here [

21.34 A [all this stuff

21.36 N1 this [

21.36 A [would have to go somewhere else

21.37 N1 and this could also cause a problem then for (.)

21.40 A orthopaedics=

21.41 N1= orthopaedics and all the other areas that use it

21.43 N2 and anaesthetics=

21.44 N1 =anaesthetics an equipment

Analysis and interpretation

CA

This sequence reveals how the speakers mirror each other, using each other's words to continue the conversation suggesting some common understanding and agreement. For instance anaesthetics and orthopaedics are taken up by the next speaker. This segue overall resembles a three-part list (Wooffitt, 2001) thus the speakers build up a list consisting of orthopaedics, and the other areas that use it and anaesthetics. The list is later extended to include equipment. Wooffitt (2001) regards three-part lists as an orderly feature of turn-taking where in speech people complete lists to three parts.

Speech overlaps particularly at the start of the excerpt where A overlaps N1 and again in the following turn. It appears A is talking over N1 as she overlaps her at 21.36 to continue her sentence started at 21.34. However her initial turn picks up on N1's previous utterance in that 'all this stuff' presumably relates back to 'all the equipment'. A doesn't disagree with N1 but wishes to state what she thinks should happen whilst N1 continues to finish her sentence at 21.36. Then N1 appears to pick up on A at 21.37 and the sentence then continues from this point as they each contribute to its trajectory.

N1 uses the personal pronoun 'we' when she refers to the renovation works revealing how she positions herself in the conversation (Samra-Fredericks, 2004) as part of a collective, taking the decision.

Relational dialogue

This later excerpt shows a number of relational features whereby the three participants are now responsive and listening to each other. They are attentive and collaborative, repeating words and completing each other's sentences. They also use 'we' to include each other.

DAC framework

They are now aligned, and committed to solve the problem of space recognising the knock-on effect on other services of the plans for the plaster room refurbishment. At this stage they appear to retain their original aim of converting the plaster room, though they are considering what it means to other services. However by the end of the conversation, the original direction or aim which was to investigate the use of the plaster room changes to a discussion of alternatives such as weekend operating.

Summary

Four speech features of humour, use of personal pronouns, reinforcement and mirroring emerged from the analysis of the data as those most frequent in relational dialogues taking place though humour in the *Hospital tour* occurred without much relational dialogue. In these excerpts all of the participants reveal some aspect of relational dialogue but not all of the time. They also reveal some or all of the DAC outcomes. In the first excerpt GR and K work together, committed to a common focus or direction of persuading the consultants and the humour that unfolds in their interactions helps this by lightening the tension they feel earlier on. Their identification of self against other is revealed in the use of 'our' and 'they'. They share leadership over the conversation in turn.

In the second excerpt, humour is deployed against one of the participants and they speak of themselves as 'you' and 'me' rather than 'we'. Nonetheless they are attentive and responsive to

each other in their turn taking though they appear to vie for leadership so they are not working relationally in being open ended. They don't share meaning at this stage as the comments on nine to five working elicit different responses and likely different commitment though they share a common direction (from earlier conversation) to reduce waiting lists.

These excerpts also suggest that relational leadership may be incomplete in interaction: sometimes participants are responsive, open-ended, attentive and share meanings (Hosking, 2011). Other times they show some of these characteristics but not all. They also suggest some or all of the three outcomes in DAC appear separately though the framework allows for the outcomes to arise separately.

The third and fourth excerpts are taken from the same conversation at different points to show how dialogue can change fairly quickly (within four minutes) from two against one to all working together. Here the changes are signalled by using 'you' and 'we' in the first dialogue where the Sister and manager align themselves against the senior manager who signals her opposition but in the second 'we' is used again this time as they mirror each other and complete a sentence between them. At first two collaborate and then they all do. Their initial aim is the same as they meet to consider converting the plaster room but at different stages in the conversation they diverge in their alignment working on different approaches.

These two latter excerpts reveal relational dialogue may alter in the course of interaction sometimes rapidly as people move in and out of collaboration maybe pulled by the forces of dialogue (Bakhtin, 1981) by what they have previously discussed as well as what emerges, in different directions. Although in organisations people may start with a common aim, this can alter and certainly their commitment and alignment to others may change over a conversation as illustrated here.

In the final chapter these initial findings are commented and reflected upon. The chapter considers whether they are representative of the data and whether the speech features identified here are useful in pinpointing relational leadership in the moment.

Chapter 6: Conclusion

In this final chapter the findings of the study are evaluated considering their strengths and limitations and areas for further research are suggested. The interpretation of the findings is limited to the method adopted and sample taken (Blaxter et al, 2010). As a small-scale study the project has limitations but nonetheless may make a worthwhile contribution to an understudied area (Blaxter et al, 2010, p245).

Findings

This pilot study explored an original aim of studying interactions in conversations and how these created moments where one person leads or another. An abductive approach was adopted letting themes emerge and re-emerge from the data and using frames of relational dialogue and building blocks of speech. The analysis revealed four main speech features: humour, use of personal pronouns, mirroring in language and agreement tokens. CA was used as an established method that studies talk-in-interaction closely to study excerpts of conversations with these features for what these might reveal of the social activity taking place (Wooffitt, 2001). This was done exploring the possibility the features might point to relational dialogue taking place, for instance in the *Outpatient proposal* the use of personal pronouns showed where participants located themselves in relation to each other.

Four excerpts of conversations containing these speech features, were analysed using CA and then interpreted for elements of relational dialogue that would suggest relational leadership was taking place. It was found that elements of relational dialogue appeared in all conversations but not all elements in all conversations suggesting participants were often working together but maybe incompletely for instance in the *Hospital tour*. An allied finding was that these elements might change rapidly over a conversation as participants moved in and out of relation. This was apparent in the *Plaster room* narrative where participants moved from opposition to collaboration in around four minutes. These findings may not be surprising where leadership emerges by way of negotiation and renegotiation in social order (Hosking, 1988). Finally it was

noticed that at least one of the four speech features did not always point to relational dialogue as humour was used in a conversation in a non-collaborative way, in the *Hospital tour*. So the four speech features did not always flag up relational dialogue happening in conversations.

The DAC framework was also used to interpret the excerpts for features of leadership outcomes that suggested the participants were working together to produce leadership outcomes. Based on the excerpts used, one or more of the three outcomes were present in dialogues but not necessarily all three simultaneously. This is consistent with Drath et al's (2008) original theory paper which stated that the features might occur in isolation and still produce varying degrees of leadership effectiveness though the ultimate aim of the framework is to synthesise the three outcomes.

Trustworthiness of the findings

Lincoln and Guba (1985) propose a criterion of trustworthiness to assess qualitative studies including within this credibility, transferability, dependability and confirmability. *Credibility* requires the researcher to establish his/her research was carried out using good practice. (Bryman and Bell, 2007) given the social world studied in qualitative research may contain a variety of interpretations of social reality (Taylor, 2001a).

The project referenced various CA studies including Kangasharju and Nikko (2009) and Llewellyn (2008), cognisant that CA researchers studied transcripts of naturally occurring conversations from audio or video-recording as their empirical data (Wooffitt, 2005) rather than triangulating data sources or methods in their analysis. Although the speech features used in the CA analysis had emerged from an abductive analysis they were also ones used in CA for instance use of personal pronouns. The analysis sought to remain within CA guidelines confining itself to the immediate context and disregarding any conjectures on motivation or the wider social influences on and of the actions of the participants.

The analysis and interpretation of data confined itself to the transcript record of pauses, tones, speed, and so on omitting visual data. Some CA researchers confine their analysis to the transcript

rather than capturing visual data, for instance Pomerantz and Denvir (2007) who elected to analyse talk rather than gesture in their study of filmed conversations. Nonetheless other CA researchers for instance Llewellyn and Hindmarsh (2010) use 'frame grabs' to illustrate body language in their analyses.

Good practice was harder to establish when interpreting the analysis using relational dialogue as few empirical studies existed and the project was undertaken in part to answer a call for more empirical work into relational leadership using ODA methods (Fairhurst and Uhl-Bien, 2012). The interpretation had to rely on past experience and judgement, what Schön (2007) terms 'seeing-as' (p140) to take from the familiar to the unfamiliar and base the interpretation on what the researcher had previously seen in similar situations. So the transition from the CA analysis to the interpretation of these features showing people were being responsive was based on the researcher's previous experience of how people acted and her interpretations of those actions.

With the DAC framework again experience and judgement was used in interpreting the dialogue for what it showed of DAC as well as using background information on what had been happening for instance if people had agreed certain things already.

Transferability refers to whether the findings in the study apply in other contexts (Bryman and Bell, 2007). The research was exploratory taking an approach that used existing features of speech to identify where moments of leadership might occur, a bottom-up approach building on the detail of talk-in-interaction. The findings suggest relational dialogue and leadership outcomes occur in conversations but not in any particular relation to speech features. The research cannot claim to be transferable but is an example of a study that reveals both relational dialogue and the leadership outcomes of the DAC framework.

Dependability refers to auditing the research process, the data and records kept of interpretations to ascertain the researcher has followed proper procedures (Bryman and Bell, 2007). The researcher met monthly with her supervisors and kept a journal of the research and sent this along with transcripts and analyses to her lead supervisor.

Confirmability refers to the researcher recognising their own bias, any influence they have had in the research process and that they have acted in good faith. The researcher acknowledges her world view, stated earlier, which affects everything from the choice of topic through to interpretation of data and that in some way the researcher becomes part of the social phenomenon they research (Hammersley and Atkinson, 2007). The role of judgement in selecting, analysing and interpreting data has been acknowledged in the project. The conclusions arrived at in this study come from this judgement and interpretation of the data. Other researchers may plausibly find other accounts and interpretations and so this is a partial account of the phenomena. It also has implications for the trustworthiness (Lincoln and Guba, 1985) of the findings and brings limitations and methodological issues to the research.

Limitations and other methodological issues

It was found on accessing the film log that some recordings were missing rendering the data incomplete. When viewing the video-recordings it was observed that some conversations were filmed twice, vitiating their 'naturalness' or participants were requested to comment on certain topics implying a filmmaker's agenda. These aspects were commented on in Chapter 4 and were worked around by choosing other recordings. A pragmatic view was adopted using Sacks' (1984) opinion that tape recorded materials gave a 'good enough' account of what had gone on even if other things not captured on the recording had also occurred. If the video-recordings appeared to have sequences filmed without intervention of the sort mentioned here, it was deemed a good enough record.

One limitation of the study is how choices were made in selecting data: the selection of recordings relied on the details on the film log and watching a number of recordings but not all conversations. Judgement was applied in making the choices and deciding whether they were representative (Tversky and Kahneman, 1974) of the data risking omission of data that was equally or even more suitable than that selected.

CA has been criticised as a method for its narrow focus on language to the exclusion of wider context (Oswick and Richards, 2004). For instance it appeared from viewing the video-recordings that some participants had wider concerns that they brought into their interactions such as GR's informal opinion (said to camera) that consultants had too much power, an opinion that informed his interaction in the *Outpatient proposal* excerpt and the humorous interlude that took place. These wider social factors can be addressed in using other forms of ODA such as critical discourse analysis or in using a combination of CA and other methods to study phenomena including dialogue (Holt, 2003) or ethnography (Samra-Fredericks, 2004).

A final comment is on the differing assumptions underlying the person in the approaches taken in the project. CA appears to view the person as an entity who produces orderly interactions within membership categories (Wooffitt, 2005) but remains silent on how the interaction if it does, changes the person. Relational leadership in dialogue privileges the process regarding the person as fluid, changing and being changed throughout the process (Hosking and Morley, 1991). Therefore the two approaches take a different view of how the interaction affects and is affected by the person although neither focuses on the person.

Implications for future research

The project was a pilot study for PhD research intended to explore methods that might be used at the later stage. The project looked at moment-to-moment interactions in conversation that produce leadership focusing on the process not the person, requiring a detailed discursive method to do so. CA was used as a discursive method that analyses detailed interactions in conversations and captures movement in the sequence of speech; however it takes a more static view of the person than relational dialogue. The PhD will adopt another method currently being developed but CA may be retained as a secondary or contrasting method, useful for its focus on detailed interactions.

If the research continues to use the current data, it will broaden the abductive approach looking for more examples of speech features occurring in relational dialogues. The current research was

inconclusive but it is not possible to say whether this is because of the fluidity of the social world or whether other speech features would be more suitable indicators of relational dialogue. The research considers extending the analysis to body language and using frames from the recordings as illustrations.

There were features from the *Outpatient clinic* not reported in the findings that could be explored further for instance in one transcript participants built narratives in conversation of the obstinacy of the consultants. This could be examined in a number of ways not just for the relational dialogue it contained but the wider views imported into the conversation. This might be achieved by interviewing people or obtaining materials that could be analysed from a critical discourse perspective for instance.

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Appendix A

Leadership approaches

	Occurrence	% of total articles reviewed
Leadership - main themes		
transformational	55	25.70%
authentic	16	7.48%
charismatic	16	7.48%
trait and individual difference	22	10.28%
emotional intelligence	6	2.80%
ethical	12	5.61%
gender/ethnicity	8	3.74%
identity	4	1.87%
spiritual	6	2.80%
emotion	5	2.34%
shared/distributed/relational	8	3.74%
	158	73.83%
Leadership - other themes		
Power	1	0.47%
Discourse	2	0.93%
Other (no overall theme or meta-analyses)	53	24.77%
Total journal articles	214	100.00%

Notes

Survey in November 2013 taken from eight four-star journals where leadership is written on and referring to articles written between 2009 and 2013 inclusive.

These were *Organization*, *Organization Studies*, *Organization Science*, *The Leadership Quarterly*, *Academy of Management Annals*, *Academy of Management Review*, *Human Relations* and *Journal of Management Studies*.

Appendix B

The Open University Human Research Ethics Committee (HREC) Approval



The Open University

From Dr Duncan Banks
Chair, The Open University Human Research Ethics Committee
Email duncan.banks@open.ac.uk^[1]
Extension 59198

To Helen Darch, Centre for People and Organisations, Faculty of
Business and Law

Subject *"A discursive investigation of leading in organisational
conversations."*

Ref HREC/2013/1401/Darch/1

Red form

Submitted 22 February 2013

Date 25 February 2013

Memorandum

This memorandum is to confirm that the research protocol for the above-named research project, as submitted for ethics review, has been given a favourable opinion by chair's action*.

Please make sure that any question(s) relating to your application and approval are sent to Research-REC-Review@open.ac.uk quoting the HREC reference number. We will endeavour to respond as quickly as possible so that your research is not delayed in any way.

At the conclusion of your project, by the date that you stated in your application, the Committee would like to receive a summary report on the progress of this project, any ethical issues that have arisen and how they have been dealt with.

Regards,

Dr Duncan Banks
Chair OU HREC

^[1] please note change of email address

* based on a telephone conversation with the applicant 25/2/13

Appendix C

Log of filming

Tape List

PROGRAMME 2 TAPE LOG

GERRY ROBINSON SERIES / ROTHERHAM GENERAL									
PRODUCER: DANIEL BARRY / TIFFANY THOMAS									
AP: AMY GOLDSMITH									
NOTE: ALL TAPES TO BE LABELLED FROM 001									
DATE	BAP	TAPE NO	LOCATION	DESCRIPTION	CREW	FORMAT	TRANSFER	TRANSCRIPT / LOGGING	NOTES
06.04.2006	✓	42951	1 Rotherham		TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Jihad	(Tape says 6.3.2006??)
13.04.2006	✓	42952	2 Rotherham		TONY POOLE / SIMON REYNELL	DVCAM	yes	Yes / logged Jihad	
13.4.2006	✓	42953	3 Rotherham	Brian James	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Jihad	
13.4.2006	✓	42954	4 Rotherham	Brian James	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
27.4.2006	✓	42955	5 Rotherham	Gerry with Brian	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Jihad	
27.4.2006	✓	42956	6 Rotherham	Day one	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
27.4.2006	✓	42957	7 Rotherham	Day two	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Jihad	
27.4.2006	✓	42958	8 Rotherham	Day two	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
27.4.2006	✓	42959	9 Rotherham	Day two	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
28.4.2006	✓	42960	10 Rotherham	Meetings with doctors - day three	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
28.4.2006	✓	42961	11 Rotherham	Meetings with doctors - day three	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
28.4.2006	✓	42962	12 Rotherham	Meetings with doctors - day three	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
28.4.2006	✓	42963	13 Rotherham	Meetings with doctors - day three	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
28.4.2006	✓	42964	14 Rotherham	Meetings with doctors - day three	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
3.5.2006	✓	42965	15 Rotherham	Meetings with doctors - day four / cont	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
3.5.2006	✓	42966	16 Rotherham	Meetings with doctors - day four / cont	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
3.5.2006	✓	42967	17 Rotherham	Meetings with doctors - day four / cont	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
3.5.2006	✓	42968	18 Rotherham	Meetings with doctors - day four / cont	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
4.5.2006	✓	42969	19 Rotherham	Theatre / Miss Ross	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
4.5.2006	✓	42970	20 Rotherham	Roger Jones	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Jihad	
4.5.2006	✓	42971	21 Rotherham	Roger Jones? (TBC)	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
11.5.2006	✓	42972	22 Rotherham	Day 5 - Jabi - theatre / Lynn Lucas	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
11.5.2006	✓	42973	23 Rotherham	Day 6 - Gerry and NHS / theatre / Jabi / productivity	PETRA GRAF / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
11.5.2006	✓	42974	24 Rotherham	Day 6 - Jabi / Gerry / Brian / Gerry and	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
11.5.2006	✓	42975	25 Rotherham	Brian outside / Janet Roberts	PETRA GRAF / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
12.5.2006	✓	42976	26 Rotherham	Day 7 - Janet and Gerry / theatre (11.5.06)	PETRA GRAF / BEN SQUIRELL	DVCAM	yes	Logged / Hannah	
12.5.2006	✓	42977	27 Rotherham	Janet and Gerry / Gerry and Dr Mahajan - children's	PETRA GRAF / BEN SQUIRELL	DVCAM	yes	Logged / Hannah	
12.5.2006	✓	42978	28 Rotherham	Day 7 - Jabi with Gerry and Brian (mtg 2)	PETRA GRAF / BEN SQUIRELL	DVCAM	yes	Logged / Hannah	
12.5.2006	✓	42979	29 Rotherham	/ GVs	PETRA GRAF / BEN SQUIRELL	DVCAM	yes	Logged / Hannah	
12.5.2006	✓	42979	29 Rotherham	Day 7 - Gerry mtg with Nurses	PETRA GRAF / BEN SQUIRELL	DVCAM	yes	Logged / Hannah	
17.5.2006	✓	42980	30 Rotherham	Day 8 Corridor - Gerry starting x 3 things	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
17.5.2006	✓	42981	31 Rotherham	Jabi mtg prt 2 / Dr Mahajan mtg pre chair	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
18.5.2006	✓	42982	32 Rotherham	Endoscopy	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
18.5.2006	✓	42983	33 Rotherham	Miss Ross theatre / mtg	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
18.5.2006	✓	42984	34 Rotherham	Miss Ross theatre / mtg	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
18.5.2006	✓	42985	35 Rotherham	Jabi meeting theatre with Alison G and Co	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
24.5.2006	✓	42986	36 Rotherham	Jabi theatre mtg GVs	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
24.5.2006	✓	42987	37 Rotherham	Dr Mahajan proposal / Gerry pick ups	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
24.5.2006	✓	42988	38 Rotherham	Alison Grundy / Alison & Gerry	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
24.5.2006	✓	42988	38 Rotherham	Gerry & Alison / Gerry & Karen / Gerry & Brian hotel drink	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged Hannah	
25.5.2006	✓	42989	39 Rotherham	Gerry theatre pick ups / Child Health - proposal	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
25.5.2006	✓	42990	40 Rotherham	Gerry pick ups / Endo Meeting	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
25.5.2006	✓	42991	41 Rotherham	Endo Meeting / post meeting / Mr Ali theatre	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
25.5.2006	✓	42992	42 Rotherham	Mr Ali in theatre / Gerry and Mr Ali	TONY POOLE / SIMON REYNELL	DVCAM	yes	Logged / Hannah	
25.5.2006	✓	42993	43 Rotherham	Gerry at the hotel / things so far / plups at hospital	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
1.6.2006	✓	42994	44 Rotherham	Gerry pickups / Roll vogue Anaesthetist	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	logged Amy	
1.6.2006	✓	42995	45 Rotherham	Child health / consultant meeting / Mr Basu	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
1.6.2006	✓	42996	46 Rotherham	Mr Jabi / Orthopaedics / Ali and	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	YES / logged Hannah	
2.6.2006	✓	42997	47 Rotherham	Pick ups Gerry / Brian and Karen / Miss Ross	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Logged Amy	

Log of filming

PROGRAMME 2 TAPE LOG

2.6.2008	✓	42998	48	Rotherham	Empty Theatres / Mr Shamra / outpatients	LUKE HALLAM / SIMON REYNELL	yes	logged / Hannah		
2.6.2008	✓	42999	49	Rotherham	Jenny Wilson	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	logged / Hannah	
7.6.2008	✓	43000	50	Rotherham	Empty outpatients / Jenny Wilson / Brian James / theatre	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	logged / Hannah	
7.6.2008	✓	43001	51	Rotherham	GV's / Ends Mr Zaidi theatre / list	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	logged / Hannah	
8.6.2008	✓	43002	52	Rotherham	Child Health / Fungu and Karen	TONY POOLE / SIMON REYNELL	DVCAM	yes	logged / Hannah	
8.6.2008	✓	43003	53	Rotherham	Child health / pre mtg / GV's	TONY POOLE / SIMON REYNELL	DVCAM	yes	logged / Hannah	
14.6.08	✓	43004	54	Rotherham	Mark Withers meeting with Gerry - Vox Pops	TONY POOLE / SIMON REYNELL	DVCAM	yes	DO NOT LOG MEETING WITH MARK WITHERS	logged Hannah Only 20
14.6.08	✓	43005	55	Rotherham	Endocopy Pickups without Gerry Vox	TONY POOLE / SIMON REYNELL	DVCAM	yes	logged / Hannah	
14.6.08	✓	43006	56	Rotherham	Pops with Karen and Jean	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged by Hannah	
15.06.08	✓	43007	57	Rotherham	Coffee with Gerry and the nurses	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged / Hannah	Tapes digitised in
15.06.08	✓	43008	58	Rotherham	Nurses cont. Child Health - Jurgun, Alison and Jabir	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged / Hannah	Tapes digitised in
15.06.08	✓	43009	59	Rotherham	Alison and Jabir meeting with Gerry. Alison goes to see Lynn Lucas	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged / Hannah	Tapes digitised in
15.06.08	✓	43010	60	Rotherham	Theatre Meeting - Listerdale Room	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged Amy	Tapes digitised in
15.06.08	✓	43011	61	Rotherham	Theatre Meeting - Listerdale Room	TONY POOLE / SIMON REYNELL	DVCAM	yes	YES / logged Amy	Tapes digitised in
20.6.2008	✓	43012	62	Rotherham	Gerry tracking show/ Gerry and Alison x 2/ Jungu and Gerry	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Amy logged / transcripts done	
20.6.2008	✓	43013	63	Rotherham	Brian and Gerry task chat / Gerry GV's/ Gerry and Alford Gerry post Jungu	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Amy logged / transcripts done	
30.6.2008	✓	43014	64	Rotherham	GV's / Brian and elderly medicine	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	logged / Hannah	
30.6.2008	✓	43015	65	Rotherham	Brian and Elderly medicine / James Owers/ Measur / Brian GV's	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	logged / Hannah	
4.7.2008	✓	43016	66	Rotherham	Child Health goes live / Mr Zaidi Hosp management	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	
4.7.2008	✓	43017	67	Rotherham	Mr Samraah / All day list in theatre	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	Tapes digitised in
4.7.2008	✓	43018	68	Rotherham	Mr Samraah / Theatre list	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	Tapes digitised in
4.7.2008	✓	43019	69	Rotherham	Mr Samraah theatre list	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	Tapes digitised in
9.7.2008	✓	43020	71	Rotherham	Car shorts post theatre meeting / GV's hospital with Gerry	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	
9.7.2008	✓	43021	72	Rotherham	Anaesthetist Meeting	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	
9.7.2008	✓	43022	73a	Rotherham	Mr Jabir / Gerry and the nurses	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	YES / logged / Janet
9.7.2008	✓	43023	73b	Rotherham	Mr Jabir / Gerry and the nurses	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Hannah	YES / logged / Janet
9.7.2008	✓	43024	74	Rotherham	Mr Jabir, Gerry and Nurses	Danny Rohrer / Simon Reynell	DVCAM	yes	logged / Amy	
10.7.2008	✓	43025	75	Rotherham	Jane Clay / Mr Jabir/Ref pre-post mtg (two)	chris Sugden Smith / Simon Reynell	DVCAM	yes	logged Amy (have not logged Jane, Lynn, Janet Ophthalmic Meeting	
10.7.2008	✓	43026	76	Rotherham	Jane Clay / Mr Jabir/Ref pre-post mtg (two)	chris Sugden Smith / Simon Reynell	DVCAM	yes	YES / logged Amy	
12.7.2008	✓	43027	77	Rotherham	Recovery - G and Janet Raebuck / Brian	Petra Graff / Simon Reynell	DVCAM	yes	logged Amy	
12.7.2008	✓	43028	78	Rotherham	Ophthalmology meeting	Petra Graff / Simon Reynell	DVCAM	yes	YES / logged Amy	
12.7.2008	✓	43029	79	Rotherham	Ophthalmology meeting / Measur - Elderly health gv's	Petra Graff / Simon Reynell	DVCAM	yes	YES / logged Amy	
13.7.2008	✓	43030	80	Rotherham	Gerry - Recovery mtg with Brian	Petra Graff / Simon Reynell	DVCAM	yes	logged Amy	
14.7.2008	✓	43031	81	Rotherham	Gerry - Recovery mtg with Brian & Alison and Lynn (extra)	Petra Graff / Simon Reynell	DVCAM	yes	logged Amy / should be 13.7	
14.7.2008	✓	43032	82	Rotherham	Alison and Lynn with Gerry (Ophthalmology)	Petra Graff / Simon Reynell	DVCAM	yes	should be 13/07/08 / logged Hannah	

Appendix C

Log of filming

18.7.2006	43034	84	Ireland	Gerry at home (Ireland)	Petra Graft / Simon Reynell	LVFLAM	yes	Logged Army	
				Gerry at home / Brian and Gerry recovery					
18.19.7.2006	43035	85	Ireland / Rotherham	follow up / Gerry's recovery	Petra Graft / Simon Reynell	DVCAM	yes	Logged Army	
19.7.2006	43036	86	Rotherham	Gerry, Alison and Mathew	Petra Graft / Simon Reynell	DVCAM	yes	Logged Army	
19.7.2006	43037	86b	Rotherham	Orthopaedics / Mr Chakrabarti & Diane	Petra Graft / Simon Reynell	DVCAM	yes	Logged Army	
19.7.2006	43038	87	Rotherham	Airport / parallel timelines	Petra Graft / Simon Reynell	DVCAM	yes	Logged Army	
20.7.2006	43039	88	Rotherham	Airport filming / E Midlands	Petra Graft / Simon Reynell	DVCAM	yes	Logged Army	
26.7.2006	43040	89	Rotherham	Roll / catch-up / consultant mtg/ Gerry GVs	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Logged Army	
26.7.2006	43041	90	Rotherham	Gerry and consultants mtg / aside post mtg / Roll in theatre (2nd)	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	logged Army	
27.7.2006	43042	91	Rotherham	Gerry and consultant mtg/roll (2nd) Janet Roebuck / Dr Newby and Diane Rhodes	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Logged Army	
26.7.2006	43043	92	Rotherham	Diane Rhodes catch-up/post-consultant mtg/child health gvs / Michelle Donlan	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Logged Hannah	
27.7.2006	43044	93	Rotherham	Michelle Donlan/Amanda Rees (Gerry talks about her let)	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Logged Hannah (Only Amanda)	
27.7.2006	43045	94	Rotherham	Gerry trust board meeting	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Logged Hannah (only B and G)	
27.7.2006	43046	95	Rotherham	Trust board meeting / Brian and Gerry	LUKE HALLAM / SIMON REYNELL	DVCAM	yes	Logged Hannah (B and G only)	
12.9.2006	43047	96	Rotherham	Host (letter) / Janet Roberts catch-up	Chris Sugden-Smith / chris Barker	DVCAM	yes		
12.9.2006	43048	97	Rotherham	Mr Chakrabarti catch up / Brian and Gerry letters	Chris Sugden-Smith / chris Barker	DVCAM	yes	YES From Brian and Gerry section	
12.9.2006	43049	98	Rotherham	Brian and Gerry letters	Chris Sugden-Smith / chris Barker	DVCAM	yes	YES	
12.9.2006	43050	99	Rotherham	Mark/Karen/Julie catch ups	Chris Sugden-Smith / chris Barker	DVCAM	yes		
20.9.2006	43051	100	Rotherham	TBC	Vaughan Matthews / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
20.9.2006	43052	101	Rotherham	TBC	Vaughan Matthews / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
20.9.2006	43053	102	Rotherham	TBC	Vaughan Matthews / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
20.9.2006	43054	103	Rotherham	TBC	Vaughan Matthews / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
27.9.2006	43055	104	Rotherham	Top of prog 1	Tony Poole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
27.9.2006	43056	105	Rotherham	Top of prog 1	Tony Poole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
27.9.2006	43057	106	Rotherham	Top of prog 1	Tony Poole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
27.9.2006	43058	107	Rotherham	Top of prog 1	Tony Poole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
4.10.2006	43059	108	Rotherham	Tiff	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
4.10.2006	43060	109	Rotherham	Tiff	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
5.10.2006	43061	110	Rotherham	Daniel	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
5.10.2006	43062	111	Rotherham	Daniel	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
5.10.2006	43063	112	Rotherham	Daniel	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
5.10.2006	43064	113	Rotherham	Daniel	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
10.10.2006	43065	114	Rotherham	Gerry and Nhs / consultants (Daniel)	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
10.10.2006	43066	115	Rotherham	Brian and consultants / empty theatre meeting (Daniel)	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
10.10.2006	43067	116	Rotherham	Brian and consultants / empty theatre meeting (Daniel)	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
12.10.2006	43068	117	London	Gerry IV shoot prog 1	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
12.10.2006	43069	118	London	Gerry IV shoot prog 1	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
12.10.2006	43070	119	London	Gerry IV shoot prog 1	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
19.10.2006	43071	120	Rotherham	TBC	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
19.10.2006	43072	121	Rotherham	TBC	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
19.10.2006	43073	122	Rotherham	TBC	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
26.10.2006	43074	123	Rotherham	TBC - Daniel	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
26.10.2006	43075	124	Rotherham	TBC - Daniel	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
26.10.2006	43076	125	Rotherham	TBC - Daniel	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
1.11.2006	43077	126	London	Gerry IV shoot prog 2	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
1.11.2006	43078	127	London	Gerry IV shoot prog 2	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
1.11.2006	43079	128	London	Gerry IV shoot prog 2	Martin O Toole / Roger Whitty	DVCAM	yes / dvd made	Digitised in at Nats	
2.11.2006	43080	129	Rotherham	Daniel prog 3 TBC	Chris Sugden-Smith / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
2.11.2006	43081	130	Rotherham	Daniel prog 3 TBC	Chris Sugden-Smith / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
14.11.2006	43082	131	London	Gerry Studio shoot pickups (prog 1)	Martin O Toole / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
14.11.2006	43083	132	London	Gerry Studio shoot pickups (prog 1)	Martin O Toole / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
14.11.2006	43084	133	London	Gerry Studio shoot pickups (prog 2)	Martin O Toole / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
14.11.2006	43085	134	London	Gerry Studio shoot pickups (prog 2)	Martin O Toole / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
14.11.2006	43086	135	London	Gerry Studio shoot pickups (prog 2)	Martin O Toole / Simon Reynell	DVCAM	yes / dvd made	Digitised in at Nats	
23.11.2006	43087	136	Rotherham	Prog 3 filming	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
23.11.2006	43088	137	Rotherham	Prog 3 filming	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
23.11.2006	43089	138	Rotherham	Prog 3 filming	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
24.11.2006	43090	139	Rotherham	Prog 3 filming	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
24.11.2006	43091	140	Rotherham	Prog 3 filming	TONY POOLE / SIMON REYNELL	DVCAM	yes / dvd made	Digitised in at Nats	
1.12.2006	43092	141	London	Tiff prog 2 IV pickups	TONY POOLE / STEVE HUBBARD	DVCAM	yes / dvd made	Digitised in at Nats	
1.12.2006	43093	142	London	Daniel prog 3 IV	TONY POOLE / STEVE HUBBARD	DVCAM	yes / dvd made	Digitised in at Nats	
1.12.2006	43094	143	London	Daniel prog 3 IV	TONY POOLE / STEVE HUBBARD	DVCAM	yes / dvd made	Digitised in at Nats	
1.12.2006	43095	144	London	Daniel prog 3 IV	TONY POOLE / STEVE HUBBARD	DVCAM	yes / dvd made	Digitised in at Nats	
1.12.2006	43096	145	London	Daniel prog 3 IV	TONY POOLE / STEVE HUBBARD	DVCAM	yes / dvd made	Digitised in at Nats	
18.12.2006	43097	146	London	Department of Health meeting	Tony Poole / Roger Whitty	DVCAM			
	43098	147							

} Taps

Appendix D

Transcription symbols

(From Wooffitt, 2001, p62)

Transcription symbols

(.5)	The number in brackets indicates a time gap in tenths of a second.
(.)	A dot enclosed in a bracket indicates a pause in the talk of less than two tenths of a second.
.hh	A dot before an 'h' indicates speaker in-breath; the more 'h's, the longer the in-breath.
hh	An 'h' indicates an out-breath; the more 'h's, the longer the out-breath.
(())	A description enclosed in a double bracket indicates a non-verbal activity, for example ((<i>banging sound</i>)).
-	A dash indicates the sharp cut-off of the prior word or sound.
:	Colons indicate that the speaker has stretched the preceding sound or letter. The more colons the greater the extent of the stretching.
()	Empty parentheses indicate the presence of an unclear fragment on the tape.
(guess)	The words within a single bracket indicate the transcriber's best guess at an unclear fragment.
.	A full stop indicates a stopping fall in tone. It does not necessarily indicate the end of a sentence.
,	A comma indicates a continuing intonation.
?	A question mark indicates a rising inflection. It does not necessarily indicate a question.
<u>Under</u>	Underlined fragments indicate speaker emphasis.
↑↓	Pointed arrows indicate a marked falling or rising intonational shift. They are placed immediately before the onset of the shift.
CAPITALS	With the exception of proper nouns, capital letters indicate a section of speech noticeably louder than that surrounding it.
°°	Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.
> <	'More than' and 'less than' signs indicate that the talk they encompass was produced noticeably quicker than the surrounding talk.
=	The 'equals' sign indicates contiguous utterances.
[]	Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.
[[A double left-hand bracket indicates that speakers start a turn simultaneously.

A more detailed description of these transcription symbols can be found in Atkinson and Heritage, 1984: ix-xvi.

Appendix E

Transcript of Tape 6

A senior manager, a theatre sister and the anaesthetics manager are meeting in the plaster room next to an ophthalmic near theatre to discuss its conversion into a laminar or parallel theatre.. Nurse N1, manager is N2 and senior manager is A. This is a later tape filmed in July.

15.42 A yer I'll lead in (.) right J before I went on holiday (.) you were starting to look at that proposal for Mr J about working (.) doubled doubled up in theatre 8. What's been going on since I've been away

15.56 N1.hh right since you went away I've discussed with estates which is our brain

16.02 A [brainwork=

16.03 N1=and health and safety and also infection control (.) um about the possibilities. The first possibility that we looked at was whether or not we could possibly (.) partition off theatre 8 so we could do

16.13 A two operations=

16.15 N1 =do two operations in one theatre

16.16 A [in one theatre yer

16.17 N1 .hhh this is what B and I came up with when we looked on the plan

16.20 A right

16.22 N1 for theatre 8 and as you can see (.) if we divide theatre 8 into two spaces we still got to have (.) the space for setting up the list which is here

16.31 A yer

16.32 N1 this is the anaesthetic room

16.33 A yer

16.33 N1 this is the scrub room

16.34 A yer

16.35 N1 we then have to have an area where we can come from (.) the (.) setting up area (.)

16.40 A to both lots of patients=

16.41 N1 =into both lots of theatres and that has to be a separate environment. That has to be a bit like an airlock

16.47 A for the infection control says you got to have separate air space

16.48 N1[got to have

16.50 A can't just subdivide the space. You've Got to have separate air

16.52 N1 so we have to have two. So That is the minimum amount of space we would need for this airlock

16.57 A right

16.58 N1 that will take up this amount of theatre space so you can see that by coming through from the prep room here where the nurses will get (.) scrubbed up here they come into the prep room

17.08 A yes=

17.09 N1 =out of there into this bit . this is one theatre and this is another theatre space

17.14 A [not big enough theatre space is it

17.15 N1 you can see that that is the size of our anaesthetic room that we've now got ...

17.10 N2 [not a prayer

17.20 N1 [and these two areas just would not add

17.20 A [not big enough to get people around >the table is it< it would not be big enough

17.24 N2 big enough for a microscope

17.25 N1 it would not be big enough for r the machine

17.26 A right

17.27 N1 and all the other things we would need plus we would need to do major work to remove the microscope from the ceiling..hh That would take two days to take it down

17.35 N2 two days

17.36 A but the space isn't big enough when >you've finished there's no point discussing < the other detail is there all of that's just impossible if that space isn't worth it

17.43 N1 [and also to accomplish that we're going to have to buy a second microscope. The costing for that can be between (.) 20 to 60 thousand so we would be looking at 60 thousand

17.52 A the alternative

17.53 N1 ...

17.55 N2 in terms of the second one when we've got a second (.) the Leica is that not sufficient

17.58 N1 we've got a second microscope now (.) which is .hhh floor um mounted . the other one is ceiling mounted so if you wanted to put that one back up we would have to have a space big enough for that or look at buying a second

18. 10 N2 second

18. 12 N1 floor mounted one so that would be a cost that we'd have to cover as well (.)

18.18 A so when that plan doesn't work you go to something else

18.21 N1 we thought about looking at this area that we're stood in now which is the plaster room

18.26 N2..

18.27 A theatre 5

18.28 N1 between this area here and theatre 6. And here's theatre 5.

18.32 A right[

18.32 N1 [down here (.) and what I thought was it might be feasible to make this area in here(.) I thought it might be big enough to make into a separate satellite theatre so we could do this side by side

18.44 A [yeh so 5 and plaster room would become your ophthalmic instead

18.49 N1 and in in the week you would have the (.) main theatre doing the majority of the work

18.53 A yeh

18.54 N1 and for the three lists that they want to run it you would have the SHO with (.)

18.59 A a second list in here

19.00 N1 a second list in here with the people that that would

19.02 A yeh

19.03 N1 [entail

19.04 A so working on [

19.04 N1 [so we looked at that and I discussed that with B again

19.06 A yeh

19.07 N1 in estates and I also discussed it with infection control (.) and I also discussed it with the fire officer (.) and the fire officer came down and had a look at the area and he would not want more than six people in here any way at a minimum because there is something called an activity space so we would have to go with that (.) [when B

19.26 A [sorry when this space was big enough for six or (.) not

19.29 N1 [no more than six just on a rough estimate for this area

19.31 A [no more than six. Would your team be more than six anyway

19.34 N1 no they wouldn't be more than six

19.35 A so that=

19.36 N1 =so that that

19.37 A almost enough=

19.38 N1 =almost enough

19.39 A yeh

10.40 N1 it would (.) but: there are major problems because this room has not really been used as an operating theatre before so (.) we're not quite sure what the ventilation system is for it[

19.50 A [plus you've got no scrub area here=

19.52 N1= no scrub area here

19.54 N2 no prep room

19.54 N1 no setting up area yeh. So we would need to look at creating that. Now B has got the guidelines and the regulations for all that which is the standards that are set by the NHS estates (.) and to create and to create a large enough scrub area in here would take most of the room and we would actually be left with a small area of space like this

20.14 A that's an L shape which isn't very practical is it

20.17 N1 no and once again we[

20.19 A narrow

20.20 N1 its[

20.20 A [narrow to work in isn't it

20.22 N2 [well B's said it would go up to uh up to there

20.25 A where=

20.26N2 = where the hook is this would be the operating space

20.28 A not enough room is there I mean you can barely stand with your arms out

20.31 N2 no

20.32 N1 so [

20.32 A [so to get a patient

20.32 N1 patient

20.33 A round a trolley

20.35 N1 patient, microscope again we've got to get the millennium machine in there

20.38 A so there isn't room is there=

20.40 N1 =no(.)

20.41 N2 and it would cost thousands well tens of thousands

20.45 N1 I also discussed well this would be a major overhaul and B this morning again he's been down and discussed it and he thinks it will take several weeks just just to get something like um (.) this this sorted out for us and the he's still not quite certain about the airflow and everything else.(.)

21.01 A the airflows important because again that's infection control isn't it

21.06 N1 it is[

21.06 A [the airflow(.) if he needed a whole new ventilation plant that'd be tens of thousands of pounds (.) and I don't think this is set up for =

21.13 N1 =no

21.14 N2 B doesn't think it is either. This was just used as a plaster room and when

21.18 A from the days when it was

21.20 N1 orthopaedic theatre

21.21 A right so

21.23 N1 so this idea again[

21.24 A [in terms of a quick fix a ...quick fix on that

21.28 N1 quick fix for this this would be a major renovation if we needed to do it plus we would also need to find a space for all the equipment that's here[

21.34 A [all this stuff

21.36 N1 this[

21.36 A [would have to go somewhere else

21.37 N1 and this could also cause a problem then for (.)

21.40 A orthopaedics

21.41 N1 orthopaedics and all the other areas that use it

21.43 N2 and anaesthetics

21.44 N1 anaesthetics an equipment

21.46 A the other thing the advantage of theatre 5 being the(.) trauma is that at the weekends

21.51 N1 we use that theatre

21.52 A that theatre and theatre 1 are the two emergency theatres aren't they at the weekends (.) so by trading it and switching them over you'd end up taking your weekend patients right up the end the other end (.) so it's not good from that point of view.

22.06 N2...f they traded it with that theatre that's laminar flow you'd have to have another laminar flow theatre which is

22.13 A well

22.14 N2 another cost

22.15 N1 that's another cost but then I also contacted um CB in sterile services to find out what instrumentation we would possibly need to

22.23 A do that level of work

22.24 N1 do that level of work and to carry out to make sure that we have the instruments we need to .hhh to um get them sterilised put through the service and back again for the next day when we need them. For three extra lists this is the amount we would need. Ten extra trays

22.37 A yeh[

22.37 N1[to do that

22.39 A and that's how much[

22.41 N1 [activity

22.41 A one hundred and ten thousand

22.42 N1 hundred and ten thousand[

22.42 A [that's just for the instruments never mind the

22.45 N1 that's without anything else

22.46 A building works or

22.47 N1 or any building work that's how much it would cost us to put this through (.) so

22.51 N2 so it's a very expensive project to do when we've got capacity that we can use already in theatre (.) theatre

22.59 A so

23.00 N2 theatre space

23.00 A [also (.) even if we could afford it even if there was the money to do it we don't think that any of those as a practicable solution (.) none of them makes a good theatre space that you could work in

23.13 N1 no

23.14 A so irrespective of the money

23.15 N1 yeh

23.16 A even if [

23.17 N1 [we remained we remained

23.18 A [if you could commit to spend it

23.17 N1 [if we remained within the standards that are set

23.21 A [could you

23.22 N1 [this area and we have got all the other things in place like storage for all this it's just

23.29 A it's just not (.)

23.30 N1 it would also mean that in that time you're not operating so we would have no

23.34 A okay so

23.37 N1 no cataracts being done at that time or very few

23.39 – 23.40[]

23.41 A but if you were going to get an end result that was worth doing we could maybe swallow that couldn't we but if given that the end result isn't practicable anyway (.)

23.49 N1 yeh

23.50 A there's no point talking about the: downtime (.) to deliver it because the outcome isn't a good outcome even when you've done it.

23.58 N1 okay

23.59 A so the other possibly is that there's still two sessions in the week where there's two theatres free (.) the current ophthalmic theatre and the theatre next door that's what Friday afternoon and

24.10 N1 Thursday morning[

24.10 N2 [Thursday morning

24.11 Thursday morning so there's still a possibility that if they wanted to (.) demonstrate those side by side lists worked that they could do them on those sessions

24.21 N2 yes

24.22 A with no extra investment except that the instruments

24.23 N2 the instruments still need

24.24 A you would have to put the instruments in wouldn't you

24.25 N1 the instruments in yeh

24.28 A and I guess that makes difficulties in terms of the timetables whether the surgeons are able to use those sessions that are free at that time (.) but I don't see there's any point in pursuing a plan that ends up costing us a lot of capital money and then doesn't give you a space that's

24.47 N1 it's not a workable space

24.49 A it's not a workable space

24.50 N2 it would be a dangerous space

24.51 A I don't think the estates

24.52 N1 no no

24.54 A I don't think estates would even do the building work because it doesn't meet the building regulations

24.58[]

24.59 A and infection control wouldn't allow it because it doesn't meet infection control >or< (.) uh without putting in the new plant it wouldn't meet the infection control standards so we've got a bit of an impasse haven't we

25.10[]

25.11 N1 we have a very low rate of infection in our patients at the moment which is below the national (.)

25.17 N2 yeh

25.18 N1 and we want to keep it that way. but fitting patients into such a small space as this then that may well compromise and it may well change (.) our infection

25.26 A but in terms but not only that but in terms of actually doing the operation that space

25.30 N1 we can't even

25.31 A we can't even imagine there's enough elbow room to=

25.32 N1 = no

25.33 A everyone would be bumping into each other working round the [

25.35 N1 [uh

25.37 A will the patient trolley

25.38 N2 a microscope a patient trolley a phaco machine a computer =

25.42 N1 =this is actually[

25.42 A [all five

25.42 N2 ..bed

25.44 N1 this is a small patient trolley so you can imagine that this is going to be here

Appendix F

Ten speech features present in CA from an abductive review of the tapes

Managerial language and specialist language for instance 'critical point in the path' said by the Chief Executive in the *Hospital tour* narrative. This language is relevant to the institutional setting (Heritage 2005) in which it occurs.

Repeated phrases where people mirror each other's language. These appear disorderly but Schegloff (1987) cited in Wooffitt (2005, p20) remarks repeats can occur when people's speech overlaps and is not reflective of competence but more of how the interaction is taking place.

Overlaps. These are explained by Jefferson (1986) as having orderly interactional features despite appearing to refute turn taking.

Adjacency pairs e.g. "hello" and "hello" that is two-part greetings rather than turn taking (Wooffitt 2001, 2005).

Dispreferment (Wooffitt 2001, 2005) where people disagree, express refusal and reject the prior turn.

When people complete each other's sentences. This can lead to acceptance (preferment Wooffitt 2001) or blocking (dispreferment) as in the next turn people then accept or negate the other's expected finishing.

Humour. Various CA researchers have written on humour occurring for a number of reasons: to express superiority over others, to signal an incongruity or as a release from tension (Greatbatch and Clark, 2003). Humour can also signal inclusion and exclusion (Kangasharju and Nikko, 2009) or in pursuit of intimacy (Jefferson, Sacks and Schegloff, 1987).

Agreement tokens in the form of reinforcement/encouragement. For instance Gerry's "right", "brilliant" "great". (Kangasharju and Nikko, 2009).

Silences. Sacks (1989) wrote on silence as something 'dangerous' (p175) in speech when he was analysing a group therapy session. People might be expected to account for their silence in these circumstances. Wooffitt (2005) comments that CA studies have shown silences are routinely interpreted as refusal or declining the prior turn (p206).

Use of personal pronouns. Samra-Fredericks (2004) analysed managerial speech to show how the use of 'I' and 'we' for instance referred back to identities people held in conversation. For example using 'I' might reveal they saw themselves as separate from others present whilst using 'we' meant they grouped themselves with others present.

Appendix G

Data Matrix for categories – Tape 4

Tape transcript starts at 18.14 and ends at 39.56. Number references here are to the tape counters.									
category	tape 4	reference (1)	example						
Managerial/ Lexical language	21.43	capacity		28.21	get everybody on board				
	22.57	quality assurance		30.42	assure delivery				
	24.25	logistic problems		30.57	logistics				
	26.19	logistical issues		31.26	logistics				
	27.08	logistical things		34.16	mode of delivery				
	27.5	bigger picture stuff		35.17	quality assurances				
	28.21	get everybody on board		36.29	facilitated				
	30.42	assure delivery		38.14	workload analysis				
Repeated phrases	22.55-22.57	for them to see		36.07-36.07	would not				
	28.53-28.55	fits		36.45-36.47	timetables				
	33.02-33.02	get it to happen		38.06-38.14	it's not				
	35.52-35.53	it is		38.22-38.22	it's there				
	36.03-36.03	that		38.22-38.38	it doesn't work like that				
	36.04-36.06	acceptable		39.50-39.53	brilliant, great				
Overlaps	19.55	21.32	22.57	25.27	27.38	30.37	38.38	39.53	
	20.19	21.39	23.1	26.19	27.5	30.57	38.4	39.54	
	20.37	21.42	23.53	27.08	28.38	38.14	38.55		
	21.14	21.42	24.12	27.24	28.43	38.22	39.51		
Adjacency pairs	18.46-18.59	GR good to see you		18.51 – 18.56 [] (sitting down)					
		M Morning		GR you well?					
		GR hello good morning		M Yer. I'm fine are you?					
		C hello		GR it lovely warm weather					
		GR nice to see you again.		C it's beautiful isn't it?					
		M see you							
Dispreferment	20.19	M I'd like to update on that one.							
		20.19 C ok we've had lots of emails backwards and forwards that um I've been discussing with B S K and I have been discussing it uh it looks like er um to get down to nil rates we may have to look at seeing two extra new patients per consultant per week.							
	34.06-34.16	GR it's really even when you know the solution you know the solution uhhh somehow there's a sense that it still has to be talked out and planned and brought to a meeting and C yer							
		C it has to it has to because you know consultants are almost like you know as some people do compare them to judges.							
	34.46-34.47	C it is a huge move.							
		GR is it?							
	36.06-36.09	C acceptable but but ...							
		GR it would not							
		M would not							
		C but also I do I mean I do need to have the time.							
Completing sentences	36.29-36.43	C along with S G. who is going to [p]rovide me with all the facts and figures uh so you know it's it's fine saying that yes we can meet it and yes but but it needs to be facilitated and I need the support from [] the staff around me.							
		GR what's							
		C in the hospital							
		GR what's stopping you getting together with S?							
	21.33-21.42	M if you cancel two follow up patients you can fit in one new patient and then the issue there [overlap] GR cos one new patient takes about as long as um							
		[overlap] M yes two follow ups. yes							
	27.39-27.5	C could start it with some now and I think that because of the logistics of the rooms that we'll have to do we we'll certainly won't be able to start with everyone because we have							

		GR uh why don't we do that? Why don't we actually M [overlap] phase it in			
	28.48-28.55	C and registrars want to see more new patients and we've got the Royal College recommendation that they should see them more GR so so it all fits M fits C so it all fits.			
	30.51-30.57	GR uhh can I can I get get an assurance from both of you that we are talking about a fortnight. We will really have it under way in			
	31.22-32.26	C [overlap] we we will start off with something by the fortnight like I said GR wh what are what are the constraints from a space point of view? What's M it's very limited the number of consultation rooms that we've got its a small department really			
	32.46-32.55	GR I think you both are actually I think you are both convinced it can be done in a short time but you have this umm kind of niggling doubt about uh taking M yer GR the others on board. C absolutely no doubts at all			
	32.58-33.02	C but I I knew the personalities and I know how to get GR to get it to happen C get it to happen.			
	36.03-36.07	M that C no no that wouldn't be M acceptable C acceptable but but ... GR it would not M would not			
Humour	29.13-29.32	GR ...you know phhh phhh just just C huh huh [laughter]			
	32.07-32.27	GR ...I really want a sense of pace going and if it doesn't happen I'm going to let Simon loose on the pair of you again Both huh huh M right you first M hands down your t-shirt GR as simple as that M you're going to get a reputation Simon are you CRB checked			
	33.02-33.51	C ...believe me most most clinicians are [ha ha] relatively sensible people if put to them simply that this is [ha ha]going to improve M why you laughing C hah hah M ha hah 33.36 – 33.38 laughter M sorry C because you know you don't look convinced when I said most clinicians are sensible people M I wasn't so sure you were talking about then 33.46 -33.49 laughter C oh dear			
	39.25-39.30	GR well well are there a enough sensible clinicians around to make it happen GR I I ve got this lovely sense with you J that you've got someone in your head when you're saying this to people. This 39.30 – 39.39 [both] laughter [unclear conversation]			
Agreement tokens	20.13	GR yes []	23.53	GR sure	38.48 GR right
	20.35	GR right	27.38	[overlap] M yer	38.55 GR right
	20.37	GR right	28.43	GR right	39.49 C that's fine GR that's brilliant great
	20.41	GR yer	28.48	GR right	39.5
	21.14	GR [overlap] right	28.57	GR brilliant	39.51 M brilliant
	21.32	GR [overlap] right	32.07	M yer	39.51 C great M [overlap] that's great
	21.42	[overlap] GR right	32.54	M yer	39.53
	23.27	C yer	34.16	C yer	39.53 GR brilliant
	23.27	M yer	35.52	C yes	
Silences	18.5	19.36	20	23.18-23.19	

Notes

1. Time references are to the timings on each tape in minutes and seconds from the tape timers.
 2. For this analysis I have not identified all adjacency pairs only those which start and end conversations.
 3. I have identified language that relates to management topics. The timings given here relate to the start of a speaker.
 4. Personal pronouns would be better interrogated using software such as Nvivo but also needs to be analysed in its context.
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